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ELEMENTS OF MIDWIFERY,  
OR THE  
ARCANNA OF NATURE,  
IN THE  
FORMATION AND PRODUCTION  
OF THE  
HUMAN SPECIES ELUCIDATED;  
COMPREHENDING

R An Anatomical Description of the Female Organs of  
Generation, with Physiological Observations on their  
destined Offices.

TO WHICH ARE ADDED,

Instructions to the ACCOUCHEUR how to proceed in every  
Case that is possible for the *Fœtus* to present in *Utero*;  
together with a full Investigation of the Causes of those  
Disorders to which Women and Children are liable, during  
the first Month; with the most rational Method of Ob-  
viating them.

---

BY WILLIAM MOORE, M. D.

---

*Rite maturos aperire partus  
Lenis Ilithyia, tuere Matres;  
Sive tu Lucina probas Vocari.  
————— Seu Genitalis.  
Diua producas Sobolem.*

HOR.

---

L O N D O N

*Nov 20th 1797*  
Printed for the Author, and Sold at his ~~House~~  
~~Under the direction of~~ and J. JOHNSON, in  
St. Paul's-Church-Yard.

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MDCCLXXVII.



ELEMENTS OF MIDWINTER

OF THE

ARCA OF NATURE

IN THE

FORMATION AND PRODUCTION

OF THE

HUMAN SYSTEM

BIBLIOTHECA

REGIA

MONACENSIS

TO WHICH ARE ADDED

Instructions to the Anatomist how to proceed in every  
Case that is possible for the Surgeon to present in Life;  
together with a full Investigation of the Causes of those  
Disorders to which Women and Children are liable, during  
the first Month; with the most rational Method of Ob-  
serving them.

BY WILLIAM MOORE, M.D.

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MDCCLXXXIV



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P R E F A C E.



# P R E F A C E.

**I**T is the province of every man, especially of public profession, to deliberate maturely in what line of life he may derive to himself the most advantage, consistent with the duty he owes society.

In the spacious field of medical science, which, with much labour and sedulous investigation, I have carefully endeavoured to explore; Midwifery and the diseases of the fair sex, have more particularly engaged my attention. In the subsequent sheets, the reader will find that I have stepped into the theoretical part of my favourite studies, and have endeavoured to elucidate the *modus generandi* and menstruation, together with the causes of sterility, and the manner of  
obviating



obviating them, in a mode hitherto unattempted. I have delivered my sentiments with candour, and communicated my experience in such a manner, as I conceive will most effectually tend to instruct the young and inexperienced *Accoucheur*, in the knowledge of the important science of midwifery, and the discharge of the duties of his office. I have been particularly attentive to the critical cases, and have laid down such rules for the management of both mother and child, together with the disorders to which they are subject (during the first month), as I flatter myself, will do no dishonour either to the Physician or *Accoucheur*.——In fine, I have done every thing in my power for the advancement of real knowledge in my profession, and conservation of the fair sex; and if I have in any degree succeeded, I shall consider myself as amply rewarded for my labour and attention.

## SECTION



SECTION I.

*On the Structure of the PELVIS.*

**P**ELVIS, in anatomy, signifies the lower cavity of the abdomen; so called from its resembling a ewer or basin. It is admirably calculated by the benign author of nature, to defend its contents from external injuries; being composed of a variety of solid bones, whose symphyses are well secured by strong ligaments, so as to prevent any separation of them, even by the force of the labour-pains. The formation of it is, laterally by the *Ilia*, forwards by the *Rami-Ischii* and *Pubis*, and backwards by the *Sacrum* and *Coccyx*. The eminencies of the *Ossa Ilium*, together with those of the *Pubes*, form what we call the

B

brim



## 2 ON THE STRUCTURE

brim of the *Pelvis*. In females, the *Pelvis* is much more capacious than in males; the *Ili*a spread more outwards, the *Sacrum* is more concave, and the symphysis of the *Pubes* is not so closely conjoined. This diversity in the structure of the male and female *Pelvis*, is an incontestible proof of the divine wisdom in our formation; the one being composed for strength, while the other is formed more capacious for the purpose, not only of admitting the distention of the *Uterus* by the growth of the *Fætus* in the time of gestation, but also its expulsion at the time of parturition.

A well-formed female *Pelvis* measures, at the brim, five inches and an half from side to side, and four and one quarter from *Sacrum* to *Pubes*: but, it must be noted, that the reverse of these takes place at the lower edge of the basin, where the *Pelvis* is wider from *Sacrum* to *Pubes* than from  
side



side to side. Hence it is, that although the head of the child descends into the *Pelvis* with one ear to the *Sacrum* and the other to the *Pubes*, yet it gradually changes its position as it comes lower down, keeping always its largest dimensions to the greatest diameter of the *Pelvis*, 'till at last the face becomes turned to the *Sacrum*, and the hind-head to the *Pubes*, which is the most natural as well as the most advantageous presentation: the head measuring four inches and a half from hind to fore, and three and a half from ear to ear; so that it exactly corresponds with the axis of the *Pelvis*, which is downwards and backwards, and not perpendicular, according to the axis of the body.

Now the *Pelvis* measures in depth six inches, in a straight line from the upper part of the *Sacrum*, (where it articulates with the last vertebra of the loins) to the extremity of the *Coccyx*; while the *Pubes*,



#### 4 ON THE STRUCTURE

from upper to lower edge, measures only two inches, and the sides four. These dimensions of the *Pelvis*, with the proportions they bear to each other, ought to be perfectly understood by every one who wishes to practice the obstetrical art with honour to himself, and safety to his patient; else he can never practice rationally, or afford any useful assistance to nature when she most requires it. But, if we expect to see the same proportions in the different parts of the *Pelves* of all women, or even of those who, to the superficial examiner, appear straight and well-proportioned, we shall often find ourselves much disappointed. Women who have had the misfortune to have been rickety in their infancy, commonly sustain some kind of distortion of the *Pelvis*, though in every other part there may not remain the least vestige of the Disease.

The



The bones of children who are rickety, are always soft and weak, unable to bear the weight of their body for any length of time: the consequence is, that as they are obliged to sit much, the body pressing constantly on the bones of the *Pelvis*, they yield to the pressure, and lose their natural form: the *Os-Coccygis* turns quite inwards, while the lower part of the *Sacrum* protrudes outwards, and the upper part inwards, so as to be within one or two inches of the *Pubes*; whence some of the bones that compose the basin, instead of being concave in the inside, (as in their natural state,) become convex, and render it impossible for the *Fætus* to be expelled by the labour-pains. Here it is, that the man of real knowledge in his profession, will soon be distinguished from the superficial practitioner. Some anatomists have been of opinion, that the bones which compose the *Pelvis* separate, and give way to the



## 6 ON THE STRUCTURE

pressure, from the head of the *Fætus* in the time of labour. I will not pretend to deny, that the *Os-Coccygis* may yield a little, perhaps about an inch; but, if we expect to gain the least advantage from the separation of any of the rest of the bones, we shall find ourselves not a little deceived. Indeed, should this ever happen, the consequences of such a separation would be much more to be dreaded than the labour itself; as nothing but length of time could repair the injuries the unfortunate patient might sustain, or render her capable of standing erect, much less of walking.

SECTION



## SECTION II.

*On the Female Organs of Generation.*

**T**H E S E organs may be divided into two classes; external and internal. The external are, the *Mons Veneris*, *Labia Pudendi*, *Clitoris*, *Meatus urinarius*, and *Nymphæ*. The internal, *Vagina*, *Hymen*, *Os internum*, *Uterus*, *Fallopian tubes*, and *Ovaria*.

The *Mons Veneris* is a pinguedinous protuberance, situated on the extremity of the symphysis of the pubes, and furnished by nature with a crinal tegmen. From the *Mons Veneris* originate the *Labia Pudendi*. These are formed by a duplicature or folding of the *Cutis*, investing a quantity of the adipous membrane: they are vascular and membranous, increasing in size from their origin to their middle; from thence they decrease to their termination, 'till at



## 8 ON THE FEMALE ORGANS

last they are lost in *Perinæo*. A little below the upper division of the *Labia*, is a small projection, which we call *Clitoris*. In general it is small; though in some women it has been found to project so far, and to be so præternaturally enlarged, as to resemble the *Penis* in men. There is a similarity between them, which might deceive superficial enquirers, as they both have what are called *Glans*, *Præputium*, and *Corpora Caverosa*.

The cavernous bodies of the *Clitoris* originate from the *Os-Pubis*; and approaching one another, unite and form the body of the *Clitoris*. Before their union, they are called *Crura Clitoridis*, and are longer than the body of the *Clitoris*. Though the *Clitoris* is always erect in the act of coition, yet not being perforated, there can be no emission therefrom. Its veins and arteries originate from the hæmorrhoidal vessels, and its nerves from the intercostals.

From



From the *Præputium Clitoridis* originate the *Nymphæ*. These run downwards and backwards, and terminate about the middle of the inner surface of the external *Labia*. Their office is to embrace the *Penis* in the act of Coition; and, by adding to the mutual felicity of both parties, invite to procreation. They also serve to direct the urine in its exit, and enlarge the orifice of the *Vagina*.

The *Meatus urinarius* is situated at the lower extremity of the smooth surface, called *Vestibulum Buccini*, just under the symphysis of the *Pubes*. This is distinguished with great facility in women who have had children, but in virgins is more difficult to be found. It is amply supplied with small ducts, which emit a fluid that serves to lubricate the passage, and thereby prevents the membrane which lines it from being excoriated by the salts of the urine.

Below



## 10 ON THE FEMALE ORGANS

Below this is the *Os Externum*, or mouth of the *Vagina*. The *Vagina* is a canal which extends from the *Pudendum* to the *Uterus*, being about seven or eight inches in length. Its internal surface is replete with *Rugæ*, which are intended by nature to render the passage more easily distensible at the time of parturition, and thereby prevent its laceration. In virgins they are exceedingly numerous, and exquisitely sensible; but in women who have had many children they are totally effaced.

At the entrance of the *Vagina* there are a number of small glands, whose office it is to secrete a kind of *Mucus*, which serves to lubricate the passage, and thereby facilitate the introduction of the *Penis* in the act of coition. There is also a constrictory muscle inserted under the *Clitoris*, which occasionally constricts the lower part of the *Vagina*, and puts the dimensions thereof so much in the power of the mind, that there  
are



are some ladies perfect mistresses of the art of dilating or contracting it at pleasure. About an inch within this passage, is situated the *Testis Virginitatis*, or *Hymen*; so called from *Hymenæus*, a fictitious divinity, who was supposed by the heathens to preside over marriages, and whose presence, on such occasions, was constantly invoked in their epithalamiums, that he might receive the oblation which every bride was supposed to offer up on her nuptial night. He is represented by the poets, as totally enervated and worn out with debauchery, and as being continually inebriated by the blood which is emitted on the laceration of the hymen: nay, so superstitious were the ancients in this respect, that if the bride proved deficient in this sanguifluity, she was taken out next morning and stoned to death before her father's door. This doctrine, with a very little refinement, was adopted by the *Jews*; and under the levitical law the same punishment was inflicted, if the bride proved  
deficient



deficient in the signs of her virginity; but if not, the nuptial sheets were preserved, and sent to the bridegroom's relations as an incontestible indication of her having preserved her chastity: and indeed, I understand that this custom still prevails in *Portugal*, and some other countries, to the great disgrace of this enlightened age; as anatomists themselves are not agreed concerning the true criterion of virginity; some asserting, and others denying, the existence of any such membrane as the *Hymen* in the vaginal canal even in children, whose youth renders it impossible for them to have lost it, had such a thing ever existed: but, that it does exist in every virgin, I am fully of opinion.

In infants the vaginal canal is so exceedingly narrow, and this membrane so exquisitely fine in its texture, that the discovery of it is difficult; yet, like all other membranes, it grows more dense and firm by age. It is of a semilunar figure, having  
a small



a small perforation in it, large enough to admit of the introduction of a goose-quill, through which the *Menses* pass. In some it remains imperforated 'till opened by incision; and, if that is not discovered soon after puberty, the *Uterus* will tumify, owing to the retention of the *Menses*, and the patient appear as if she was pregnant. Whenever this happens to be the case with young girls, whose menstrual discharge has never appeared, I would recommend to their parents to have them examined in time, lest their character suffer innocently, and that be imputed to lasciviousness which chastity occasioned. When the *Hymen* is found imperforated, (which in some other countries is more common than in this) an incision must be made by the point of a lancet, and care taken not to suffer the horns thereof to re-unite. The first laceration of the *Hymen* is always attended with a considerable sanguifluity; after which it corrugates, and forms what is called *Carunculæ Myrtiformes*.

The



## 14 ON THE FEMALE ORGANS

The upper extremity of the *Vagina* unites with the *Os Tincæ*, or mouth of the womb; so called from the similitude it bears to the Mouth of a Tench. The *Uterus* is of a pyriform figure, about three inches in length; it is two inches in breadth at the *Fundus*, and one at the *Cervix Uteri*, while its thickness is nearly the same at both. It is composed almost of veins, arteries, lymphatics, and nerves; and though more vascular than the glandular texture of the breast, yet bears a strong resemblance to it. Its inner surface is lined with a thin membrane originating from the *Vagina*, and which connects the two together: on the outside it is covered with a thin cellular membrane, whereby it is connected with the *Peritonæum*, which envelopes the whole body of the *Uterus*, and indeed invests all the *Viscera* contained in the cavity of the *Abdomen*. These are the *Aorta*, and *Vena cava descendens*, the kidneys, ureters, and spermatic



spermatic vessels, &c. the *Iliacus*, the *Psoas*, and *Iliacus internus* muscles that cover the inside of the *Ilium*, over which the *Peritonæum* passes, and by a duplicature or folding, forms the *Ligamenta lata*, &c. while it affords, at the same time, a tegmen to the *Ligamenta rotunda*. The cavity of the *Uterus* before impregnation is exceedingly small, but dilates as the *Fœtus* increases: and it is very remarkable, that though it is so much distended in the last months of gestation, yet it still retains the same thickness it had before impregnation. This, I presume, must be owing to the great distention of its vessels in the impregnated state, and their admitting a larger quantity of blood than while in their natural state.

From the angles of the *Fundus Uteri*, originate the *Fallopian* tubes; so called from *Gabriel Fallopius*, a *Modenese*, who died in the year 1562, and is said to have been the first discoverer of them, though we find  
 them



them described by *Rufus* of *Ephesus* long before his time. These tubes run in a serpentine form to the *Ovaria*, being between three and four inches in length, and at last terminate in jagged fimbriæ, called *Morsus Diaboli*. They are composed of two coats that originate from the *Uterus*; and, in form, they resemble a trumpet; being exceedingly small at their origin, and gradually encreasing towards their termination, 'till at last they will admit of the introduction of a child's finger; though, at their origin, they will scarcely receive a hog's bristle. The membrane which lines them is remarkably vascular and nervous, so that it renders them capable of distention and contraction, according to the degree of *Stimulus* applied, or the quantity of fluid thrown into them in the time of coition; in consequence of which, they become extended, and reach the *Ovaria*; which, in the time of flaccidity, they fall a little short of.



of. It is supposed their office is to convey the fœcundating matter of the male to the *Ovaria* of the female, and to carry down the impregnated *Ova* into the *Uterus*. By *Ova*, I mean little spherical bodies in the form of bladders, replete with a limpid fluid resembling the albugineous part of an egg. Those little bodies are formed under the external membrane which invests the *Ovarium*, and are connected with the orifices of those vessels that constitute the substance of the *Ovarium*. After impregnation, those little spherical bodies tumify and drop from their calix, and are then seized by the *fimbriæ* of the *Fallopian* tubes, and by a kind of vermicular, or peristaltic motion, are carried into the *Uterus*, to which they adhere, and from whence they absorb their nutriment, 'till ready to be expelled by the labour-pains. But more of this when we come to treat of conception.



The *Ovaria* are two in number, one placed behind each *Fallopian* tube, about two inches distant from the *Uterus*. They are about an inch long, half an inch in breadth, and one quarter in thickness: they have a smooth surface, and receive their tegmen or covering from the *Peritonæum*. They are connected with the *Uterus* by the *Vasa differentia*, *Fallopian* tubes, and spermatic vessels.

SECTION



## SECTION III.

*On Menstruation.*

**I**N order to explain this phænomenon, it is necessary to observe, that in the original structure of our *Stamina*, the author of nature has furnished us with different systems of vessels; some of which are sooner fitted for the reception of red blood than others, and receive it in much larger quantities. It is on this principle that we can account for the sudden evolutions, that take place in our systems, in the different periods of life. The benign author of nature has thought fit that the animal frame should increase from a small to a larger size: and, in order to facilitate this extention, he has formed our solids more lax in our infantile state than is necessary they should afterwards remain. When we have arrived to our full extension, our solids become more rigid, and do not



yield to the circulating force of our fluids with the same facility they did in our increasing state; and, as that force is augmented, so must the resistance of the solids increase, to preserve the tonic power, necessary for the conservation of our health and vigour. Hence it is, that the symptoms of morbid *Pletthora*, about the time of puberty, become apparent.

Now as the head is the principal organ of sense, it has from the beginning a quantity of blood passing through it, larger in proportion than what pervades any other part of the animal frame; consequently, it is in the head that these symptoms of *Pletthora* first discover themselves. Pains in the head, hæmorrhages from the nose, &c. are very common about the time of puberty. Now, as the resistance in the vessels of the head increases, so must the determination of the blood to some other part, where the tonic power is not so great; and, the *Uterus* being



being exceedingly vascular and of a fine delicate texture, while its vessels are so constructed at their extremities as to contract and dilate as occasion requires, the redundant blood finds a passage through them with more ease than through any other part of the system. Hence the evolution of the genitals takes place.

The uterine vessels being emptied of this redundant blood, they contract and return to their natural state, till the system has again formed more blood than is necessary for its health and nourishment; they again are overcome, and obliged to give way to another evolution. This repeatedly returning, their ballance with the rest of the system, becomes at last totally changed; infomuch that a general *Plethora* is by no means necessary for bringing about the evolution, which now depends wholly on the ballance of the uterine vessels with their own extremities. For although the first periodical discharge depended on, and was



connected with, the general system; yet, it becomes every time less and less so, till at last it is effected as it were by habit. We know such is the force of habit, that though the cause of certain sensations cease, yet the sensations themselves regularly return. So it is with the *Uterus*, when once this periodical discharge is confirmed by habit; it becomes more and more regular in its returns, even when a general *Plethora* is by no means present in the system: therefore, we conclude, that the *Uterus* is in a great measure a distinct system, and that its ballance, with the rest of the system, has little or no influence on the menstrual evacuation. Much has been said concerning the morbid quality of the blood discharged at those times: but, late experiments convince us, that it is congenial with the rest of the blood, and possesses no worse qualities than that, which, during the whole period, passes through the heart and arteries. With  
respect



respect to the time when this periodical hæmorrhage commences, it depends much on the constitution of the person, and the climate where she lives. Some women are exceedingly slow in growing, on account of the firm and rigid texture of their solids, which the cold climate they dwell in may probably occasion. The periodical discharge under such circumstances, seldom commences before fifteen or sixteen, but lasts till forty-five, or perhaps fifty; while the solids of others may be so lax, (owing to a warmth of climate, or some other cause), as to yield to this hæmorrhage between twelve and thirteen: in such it seldom continues beyond thirty-five or forty. Some physiologists have been of opinion, that the moon has a considerable influence over women in this respect, in the same manner as over the tides. For my own part, I cannot attribute so much to the power of the moon as some authors wish to do. We find that the time of menstruation in women is very



different: in some it happens at the full, in others at the change, while the stated period of other women is at the waning of the moon: which to me is an incontestible proof that the moon has little or no influence in this respect; else the returns of this hæmorrhage in all women would be as regular as the flux and reflux of the spring tides.

With regard to the quantity evacuated at each period, it is a difficult matter to determine. Different systems admit of different accumulations, consequently of different discharges. There are some women who are neither large nor plethoric, yet menstruate very copiously; while others of a much more sanguineous habit, do not evacuate the one half of the quantity. This can only be accounted for by the diversity that takes place in the conformation of their *Uterus*; the one admitting of a larger accumulation than the other, consequently of a larger evacuation: or by their manner of living,



ing, which may be so very different as to occasion this diversity. Women who are accustomed to live high, and drink freely of spirituous liquors, generally menstruate very plentifully, and have their periodical returns more frequent than those who use greater temperance and take more exercise; owing to the constant stimulus applied to the system, whereby the tonic power is greatly lessened, and a general debility induced. However, I believe, upon an average, there may be about five or six ounces discharged at every period. This may be considered as a salutary evacuation, intended by nature to carry off that redundant blood, which if retained in the system, might prove inimical to the constitution, unless in the pregnant state, when a larger quantity of the circulating fluid is required for the nourishment of the *Fætus* while in *Utero*. Sometimes this evacuation is excessive, owing to the laxity and want of tone in the uterine vessels.

Hence





## 26 ON MENSTRUATION.

Hence it becomes morbid and degenerates into *Fluor-albus*; which indeed seems to be a species of menorrhagy, though different in colour. The true *Fluor-albus* proceeds from the same vessels with the *Menses*, and in weakly habits often either precedes or follows them; nay, in some, this discharge is so permanent, that it anticipates the menstrual flux, by preventing that accumulation to which it is owing: besides, the same symptoms that attend the one, in general accompany the other; such as affections of the head and stomach, with tainted breath, &c. and the same cause that will increase the one, will induce the other. This may serve to direct us in the method of cure. And first, all irritations of the *Uterus*, such as excess in venery, drinking too freely of spirituous liquors, a standing posture of body long continued, violent dancing, or too much walking, should be avoided. Secondly, we should endeavour to strengthen the tone of  
the



the relaxed vessels: for which purpose we may advantageously employ chalybeats and the bark, with aromatics. After the stomach has been properly cleansed by an emetic, the following may be usefully administered.

℞ Vitriol cœrul. Gr. iij.

Tart. Emet. Gr. ij.

Syr. Scilit. q. s. f. Pil. N<sup>o</sup>. 1.

Horâ nonâ mane exhibendum.

After this has operated two or three times ʒviij of warm water may be drank, but not more; as I apprehend the quantity of warm water drank on those occasions, does an injury to the stomach, which more than counterbalances the good effects produced by the vomit. When the stomach has thoroughly emptied itself, the patient may drink half a small wine-glass of brandy; this will occasion a motion or two downwards, so as to cleanse the intestines. The following may then be advantageously administered.

℞ Pul.



## 28 ON MENSTRUATION.

℞ Pul. Cort. Peruv. ℥ij.

Alum. ℥j.

Syr. Balsam q. f. f. Elect. q. N. M.

Bis in die exhibendum.

### V E L

℞ Spec. Aromat. Gr. vj.

Sal. Martis Gr. ij.

Syr. Simp. q. f. f. Bolus.

Bis in die fumendum.

### V E L

℞ Extract. Cort. Peruv. ℥j.

Chalyb. præp. Gr. vj.

Spec. Aromat. Gr. iij.

Syr. Croc. q. f. f. Bolus. ter in die  
fumendum.

Super bibend. haust. Aq. Pyrmont.

Astringent injections, such as the *Aq. Alumnosa*, or a decoction of the *Cort. Querc. &c.* have been found of great utility in this complaint. If the discharge be obstinate



stinate, and does not yield to this mode of treatment, the *Saccharum Saturni* in small doses may be tried; and, if prudently administered, will be found very efficacious. Ulcers are sometimes formed in the *Vagina* and *Uterus*, which discharge an ichorous fluid, proceeding from their cancerous affections, and which has been mistaken for the *Fluor-albus*. This ought to make us circumspect in examining into the real cause of those vaginal discharges, which resist the usual mode of treatment. If we find them owing to, or depending upon any cancerous disposition of the parts, the *Extract. Cicutæ* may be given; which I have known attended with the most happy consequences in such cases; especially when the extract has been made from the cicuta fresh-cut, which loses great part of its virtue by drying. The parts should also be fomented with a decoction of the cicuta, and an injection thereof thrown up the vagina.

## SECTION



## SECTION IV.

*On Conception.*

FROM the earliest ages of the world down to the present period, the *Modus generandi* of both the rational and brute creation has occasioned a great diversity of opinions among the *literati*; some asserting that the *primordia* of the *proles* are in the male, and that the female only affords a proper nidus and nutriment, till the proles acquires strength sufficient for a more active state of existence; whilst others affirm, that the organization is begun in the female, prior to any intercourse with the male. Learned and ingenious arguments have been advanced on both sides, which I think are equally liable to objections. The first supposes the existence of animalculæ in the male semen, and that in the act of coition they are injected



jected by the *membrum virile* into the *uterus*, from whence they pass through the *Fallopian* tubes, to the *Ovaria*, and there enter some of the *Ova*; which after impregnation tumify, and falling from their calix, are then taken up by the *Fallopian* tubes, and carried again into the *uterus*, where they reside till they have acquired strength sufficient for making their appearance in life.

This is the modern theory of generation. Permit me to recal the attention of the reader to the description given of the *Uterus*, with its appendages, in the second section of this treatise; from whence it appears that the cavity of the *Uterus* in the virgin-state is so exceedingly small, that it will scarcely admit of any fluid, much less a substance so thick and glutinous as the crude semen of the male. And indeed, were we to grant that the *Os Tincæ* and *Cervix uteri*, are as easily relaxed as the imaginations of some conceive, yet no natural force whatever



ever could propel the spermatic matter to the *Ovaria* through the *Fallopian* tubes, whose orifices are so exquisitely small where they originate from the angles of the *fundus uteri*, that even a hog's bristle cannot be inserted without some difficulty. If then it be granted (as it really must) that the semen *masculinum*, while in its crude state, can never pervade the *Fallopian* tubes, how is it possible for the *animalculæ*, which inhabit it, to find their way through them to the *ovaria*? certainly, we can never imagine they would quit their natural element, for one which might prove inimical to their existence. But, supposing them arrived at the *Ovaria*, how are they to gain admission into the *Ovum* without rupturing the membranous coats that surround it? which when once done, destroys the possibility of impregnation; since those membranes which envelope the *Ovum* are the *Chorion* and *Amnion*, that afterwards invest the *Fætus* in *Utero*,  
and

Ed. Kerr 1799

bound and sewn with the

Wm. Kerr



and the fluid, the liquor *Amnia* in which it swims; so that, if by any accident these membranes burst after the *Ovum* is arrived in *Utero*, and the fluid escapes, abortion is the consequence. Besides, if we admit of the existence of spermatic *Animalculæ* being essential to pregnancy, we must allow them to be the proles of the human species. This being granted, we may then infer that it is in the *Semen masculinum* we are first conceived, and by the male first brought forth, and that we only enter the *Uterus* for the purpose of residing there, till we have gained so much accretion and strength, as may enable us to come into life with ease and security. Indeed, many cogent arguments might be advanced in refutation of this doctrine, but for the sake of brevity I shall only observe, that the embryo at first is only possessed of a vegetative, without the least degree of animal life; whereas, the *Animalculæ* discovered, not only in the male

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semen,

Also this



femen, but also in almost every other fluid, enjoy as well an animal as vegetative existence.

Can we be so absurd as to imagine, that those little beings die in *Utero*, and that their remains form the first *strata* of the *Fætus*. This is too ridiculous to mention, much less does it require a refutation. Equally absurd is it to suppose, that the organization of the proles commences in the female, prior to any intercourse with the male. Was this the case, the *Fætus* would always be a strong likeness of the female, without bearing the least resemblance to the male. Hence the proles, produced by the intercourse of a black woman and white man, would be as perfect a black as if they had been both of the same colour: but, ocular demonstration convinces us of the contrary. Besides, when different species of animals copulate, such as a mare and male-afs, the production, according



according to this theory, should be exactly the same as if male and female were of the same species, which is not the case; as the fruit of such a connection, bears as strong a likeness to the male as to the female; — an incontrovertible proof, that both are equally concerned in furnishing the materials, of which the embryo is formed. Indeed, if we suppose the organization of the proles can commence in the female before coition, it is as easy to conceive the possibility of women becoming pregnant without male-intercourse: for, when the general organization is once formed in the female, what should hinder its continual and daily accretion, and at last its spontaneously arriving at perfection? If we admit of the former, I see no reason why we should doubt of the latter. It is certain that the spermatic matter contains a large quantity of volatile salts, which, when injected into the *vagina*, emits a most subtle ætherial vapor,



por, capable of pervading the innermost recesses of the *Uterus*; from whence, by its specific levity, it ascends the *Fallopian* tubes to the *Ovaria*, and there meeting with the matured *Ovum*, penetrates the pores of its surrounding membrane, and possesses it of a vivifying principle. The *Ovum*, thus fecundated, tumifies, and soon drops from its calix; when it is taken up by the *Fimbriæ* of the *Fallopian* tubes, and carried by the vermicular or peristaltic motion into the *Uterus*, to which it adheres; and from whence it absorbs its future nutriment through the ramifications of those vessels, by which it was before connected with the *Ovarium*, and which form the first rudiments of the *Placenta*. This mass is of a rotund form, from six to eight inches in diameter. Its external surface is divided into several lobes, by which its connection with the inner surface of the *Uterus* becomes more commodious and secure. It is exceedingly vascular, abounding with a number of small



small veins and arteries. The veins all unite in one large trunk, and form what is called the umbilical vein, which is from eighteen inches to two feet in length, and is supposed to carry the nutritious fluid from the *Placenta* to the *Fætus*, whose abdomen it penetrates; and passing through the liver, communicates with the *Vena cava* and *Portarum*. There are also two arteries which originate from the *Iliacs* of the *Fætus*, and pass through the belly, where the umbilical vein perforates; when, by their convolutions round the vein, they form the body of the *Funiculus Umbilicalis*, and at last terminate in the *Placenta* in a great variety of ramifications: for the vessels of the *Placenta* by no means inosculate with those of the *Uterus*, but only adhere to its surface, from whence they absorb the fluid there deposited for the nourishment of the *Fætus* while in *Utero*. There is also a continuation of the *Amnios*, which invests the arteries and veins joined



from the *Placenta* to the navel of the *Fætus*, and which, by maceration, may be separated therefrom. Besides, there is the *Chorion*, which is the connecting membrane between the *Placenta* and *Uterus*, and which also invests the *Fætus*. These, with the *Decidua* of Dr. Hunter, constitute the *Secundines*,



## SECTION V.

*On the Signs of Pregnancy.*

**T**H E signs of pregnancy are exceedingly fallacious, as many of the same symptoms are also present in an obstruction of the *Catamenia*. This should make us cautious in pronouncing with certainty, should we be consulted on the subject, till we find the *Uterus* begin to rise above the symphysis of the *Pubes*. The subsequent symptoms are strong indications of pregnancy; *viz.* obstruction of the *Menses*, sickness and reaching in the morning, owing to the new *Stimulus* applied to the nerves of the stomach, loathing of food, and loss of appetite, drowsiness, and sometimes vertigo. In short, whatever complaint the person has been most subject to before pregnancy, now becomes more prevalent, and is the most certain indication of pregnancy. Under such



circumstances, attention should be paid to the constitution. If from the sudden obstruction of the *Menses*, and the embryo requiring but little nourishment, a temporary *Plethora* arises, as is generally the case, *Venæsectio* should be performed, and the belly kept open by gentle laxatives. The following may be used and repeated as occasion shall require:

℞ Aq. Ceraforum nigr. ʒij.

Manna, ʒss.

Tinct. Cardam. ʒj. M. f. Haust.

If the reaching be violent, the stomach should be cleansed by a gentle emetic, such as

℞ Pul. Ipecac. Gr. x.

Tart. Emet. Gr. ij.

Syr. Scilit. q. f. f. Bolus.

Vesper exhibend. super bibend.

Pocul. Aq. tepid.

Women



Women of delicate constitutions and irritable habits should breakfast in bed, and lie an hour or two after; and as a substitute for tea, should use an infusion of bitter herbs with dry toast. If the cough, which often attends breeding women be troublesome, and accompanied with difficulty of breathing, two table spoonfuls of the following mixture may be taken night and morning.

℞ Aq. Hyssop. ℥ viij.

Gum Ammon. ʒj.

Sperm. Cet. Sol. ʒ ss.

Elix. Paragor. ʒj.

Syr. Balf. ʒ ss. f. mixtura.

About the latter end of the third month the child quickens, and those symptoms in general disappear, though are often succeeded by others not less disagreeable; such as difficulty of making water, attended with frequent inclinations thereto, as well as to visit the *cloaca*, swellings of the legs, thighs, and sometimes



sometimes the *Labia pudendi*. The hæmorrhoids also, at times, are exceedingly troublesome, owing to the indurated *Fæces* pressing against the hæmorrhoidal veins, and preventing the free circulation of the blood therein. In this case, bleeding with leeches from the part affected will be proper, together with keeping the body cool and open by gentle laxatives, such as follow.

℞ Ol. racini cum vitel. ovi ʒj,  
Nitr. depuratis. ʒss.  
Infus. Tamarind. ʒviij. f. mixtura,  
Cochlear. duo pro re nata exhibend.  
donec alvus ventris responderit.

In the last months of pregnancy, women who find themselves subject to these complaints, should indulge themselves in bed as much as possible, as they will thereby prevent the *Uterus* from pressing on the neck of the bladder and small intestines. If the pressure of the *Uterus* be on the neck of  
the



the bladder, a suppression of urine will be the consequence; but, if on the *Fundus*, an involuntary discharge of it succeeds: both which will be greatly remedied by observing the foregoing directions.

If the suppression of urine be violent, so as to require the introduction of the catheter, care should be taken not to draw off the urine suddenly, that the bladder may have time to contract and regain its tone.



## SECTION VI.

*On Abortion.*

THE symptoms of abortion are much the same as those that attend natural labour; viz. pains in the loins and back, indications of strong efforts of the *Uterus* to expel its contents, together with symptoms of general debility, affections of the stomach, and increased action of the uterine vessels forcing the *Placenta* therefrom. The continuation of pregnancy to its proper period, depends on the adhesion of the *Placenta* to the *Uterus*, consequently their separation must be productive of abortion. Hence abortion depends on two causes: first, weakness and want of tone in the extreme vessels of the *Uterus*, which induces hæmorrhage; secondly, increased *Impetus* in the circulating fluid, which may be occasioned by a variety of causes; such as external violence,

or



or sudden passions of the mind, as anger, joy, or grief; which often produce spasmodic contractions of the external vessels, and throw the blood at the same time upon the heart and larger arteries; so that their action is augmented, and the blood forced down with increased rapidity through the hypogastric and spermatic arteries, which promotes a separation between the placentary and uterine vessels.

In the early months of pregnancy, women are more liable to miscarry than in the advanced state, but with less danger. The embryo at first, enjoys little more than a vegetative life, which requires but little for its nourishment; and the vessels of the then forming, or newly formed *Placenta*, being scarcely indented into the surface of the *Uterus*, their separation can only be attended with a slight hæmorrhage;—a loss, which may soon be repaired by some nutritious fluid, such as veal-broth, or beef-tea, taken cold without salt or spices. But  
should



should this happen in the latter months of pregnancy, when the uterine vessels are much distended and replete with blood, their separation from the *Placenta* will cause a very considerable hæmorrhage, which, if long continued, must prove fatal.

There are two kinds of hæmorrhages; the vaginal, and the uterine. The former is not so dangerous, and may be stopped even in the last months of pregnancy; but the latter can seldom be obviated. If we perceive flakes of a membranous kind in the fluid discharged, it is a strong indication that it proceeds from the *Uterus*, and that a miscarriage will ensue, as the *Placenta* and *Uterus* can never re-unite: and, though the symptoms may disappear, and the flooding stop for a day or two; yet, they will afterwards return with redoubled violence, without any visible cause. Under such circumstances, the patient should be kept in a horizontal posture, and the belly open by  
gentle



gentle laxatives, such as *Cassia*, *Manna*, *Magnesia*, *Alba*, &c. the food should be light, and nutritious, the drink of the cooling and diluting kind, the body quiet, and the mind as composed as possible.

Nitre should be given in as large quantities as the stomach will bear: for, though as a sedative, its power may not be so great as is generally supposed; yet, as it determines to the surface, it often proves very efficacious. If the symptoms still continue violent, and the floodings increase, we should rather assist nature in effecting a delivery, than endeavour to retard her in her operations.

## SECTION



## SECTION VII.

*Of Moles and false Conceptions.*

**M**OLES are anti-congenial substances sometimes found growing in *Utero*, supposed by some to have been the first *Strata* of the embryo, transmuted in its formation, either by a mal-disposition of the *Uterus*, or a want of genial fire in the male semen, which is thereby incapable of concocting the *Ovum*, or adding to its vivifying principle. That this is never the case, I shall not pretend to determine: but, am certain, instances of this kind are rare, and that the excrescences found growing in *Utero*, termed moles or false conceptions, are much oftener owing to a cancerous disposition of the *Uterus*, than to any other cause; as they have been often found in the virgin-state, and therefore could not have been the rudiments of an embryo. In such cases,



cases, I believe they are often nothing more than coagulated blood retained in *Utero*, owing to the obstruction of the *Catamenia*, or to the crassitude of the blood after the *Serum* has been drained off.

Indeed, there are excrescences which are fibrous, and adhere to the surface of the *Uterus*. If they happen to be in women who are bearing children, they may be owing to some part of the *Placenta* that might have been left adhering to the *Uterus*, which having blood vessels to nourish it, increases in size, till expelled into the *Vagina*, by the contraction of the *Uterus*. The *Os-tincæ* contracting, stops the circulation, when they become languid, and at last drop off: or, if they are found so firmly adhering to the *Uterus* as to require extirpation, the safest method is, by passing a ligature and drawing it tight, which will prevent the circulation for a few days; when done, they may be taken away with

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ease



## 50 FALSE CONCEPTIONS.

ease and safety. Sometimes the glands of the *Uterus* become affected, and tumify so much, as to cause a great distention of the part: but this seldom happens to any, except those whose menstrual evacuations are decreasing; in whom it at last terminates in a cancer

SECTION



## SECTION VIII.

*On the causes of Sterility, with the method of Cure.*

**F**ROM the least acquaintance with the anatomical structure of the *Vagina* and *Uterus*, together with their appendages, the variety of causes which may produce sterility, must appear obvious to every reflecting mind. The more complex a machine is, the more irregular and uncertain are its movements. The female organs of generation are more complex than those of the male; consequently, the causes of barrenness are more frequent in the female than in the male. There are the *Vagina*, and its appendages, which may be stiled the *receptaculum strati embryonis*; the *Uterus* and its appendages, which we may call the *Nidus*, in which it is nourished. Now, nature has furnished the *Uterus* with different systems



of vessels, all which have their different offices assigned them, in carrying on the grand scheme; for which reason, it is necessary, that a proper balance be preserved throughout the whole. If the extremities of the uterine vessels be so much relaxed as to admit of a constant evacuation, whereby that accumulation, so necessary in the pregnant state, be prevented, sterility must be the consequence.

During pregnancy, the extremities of the uterine vessels remain so rigid, that they resist every effort of the system towards evacuation, till the period when the *Fætus* is ready to be expelled from the *Uterus*. Without this rigidity of the extremities of the vessels of the *Uterus*, conception would either not take place at all, or abortion at the end of every month would succeed it. If we have reason to suspect that sterility is owing to a laxity of the system, we should use means for restoring the tone: such as  
the



the cold bath, chalybeats, and peruvian bark.

The following will be found of service.

℞ Extract. Cort. Peruv. ʒj.

Sal. Martis, ʒj.

Ol. Cinnam. Gut. vij.

Bals. Peru. q. f. f. Pil.

Nº. xx, capiat unam bis in die.

V E L.

℞ Oliban. ʒj.

Sal. Chalyb. ʒj.

Syr. com. q. f. f. Pil. Nº. xv.

Una mane & vespere exhibenda.

V E L.

℞ Tinct. Succini.

Elix. Vitr. acetos. ʒss.

Capiat cochlear parvum mane et  
vesperi.

All irritations of the parts, by excess of  
venery, ought to be carefully avoided, till



they regain their proper tone; however, few women, I presume, will be willing to admit of the necessity of this caution.

A second cause of sterility is want of uterine *Plethora*. This may happen, when all the symptoms of general *Plethora* are present. The natural conformation of the *Uterus* and its vessels may be such, as will not admit of scarcely any accumulation, owing to their smallness; consequently, there will be a very trifling menstrual discharge. For, as has been already observed, the *Uterus* is a distinct system, little influenced by the general one. This will appear evident if we consider, that the discharge from the *Uterus* is very seldom proportionable to the size of the body. There are very small women, who menstruate very copiously, to the quantity of eight or ten ounces, without any morbid symptoms; while others, much more robust in their constitution, and with more evident symptoms



toms of general *Plethora*, scarcely have the least appearance of a periodical discharge. The former are generally very prolific, while the latter class, for the most part, prove sterile. For, though they may conceive, yet the *Uterus*, not being capable of affording that nutrition necessary for the progression of the embryo, it soon becomes blighted; and perishes, even before it has well received existence. This being a natural defect, we shall find it a difficult matter to obviate: if attempted, it must be by means of determining the blood to the *Uterus*, and by increasing its *impetus* there, and exerting the action of the organ. The first indication is produced by frictions, and warm applications to the lower extremities, such as *pediluvia*; which will rarify the air contained in the blood-vessels, increase its rapidity, and distend the uterine vessels.

Besides, *Emmenagogues* may, in this case, be advantageously employed, as some of them



are found to determine the blood to the *Uterus*, and augment its *impetus* very considerably, so as to bring on a temporary inflammation. *Cantbarides* seem possessed of this quality in a very high degree, their action being more particularly confined to the *Genitals*; consequently, might be advantageously employed, as the continued use of them, in moderate doses, will not only excite, but support that degree of inflammation, so necessary to obviate this cause of sterility.

However, great caution is here required, lest, instead of gently relaxing those vessels, so as to prepare them for the admission of a larger accumulation of blood, we destroy their tonic power. Aloes, the *Tinctura Melampodiæ*, and the fœtid gums, have been tried, but their effects are uncertain. They may sometimes be serviceable as antispasmodics, when there is a suppression of the *Menses*. There is another remedy, and the chief one, which is venery. If ever excess  
in



in venery be justifiable, or answers any good purpose, it is in such cases, as there is nothing which more powerfully determines the blood to those parts: the more frequent the excitement, the more certain the effect; consequently, the distention of the uterine vessels becomes also increased. Here, perhaps, I may be charged with an inconsistency, having before mentioned frequent coition as a cause of barrenness. But, the reader will please to observe, that I then considered want of tone, in the extremities of the vessels of the *Uterus*, as a cause of sterility; and, that frequent coition weakened the tonic power, by increasing the *impetus* of the blood in those parts. At present, I am treating of rigidity, or a particular constriction of the vessels resisting the influx of the blood, as a cause of barrenness: so that what is pernicious in the one case, will in the other prove serviceable.

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I am of opinion, that the sterility of women is oftner owing to this cause, than is generally apprehended. There are many who continue barren for some years after they are married; and yet, at length, have a numerous offspring.

A repeated influx of blood, by means of a long continued *Stimulus* applied to the parts, at last so far distends them, that they will admit of the accumulation essential to pregnancy; which distention, when once effected, will so remain, as the resistance to accumulation will continually abate. The menstrual flux also will increase in proportion to the frequency of pregnancy.

With regard to the time of applying the foregoing remedies, that of natural *Plethora* seems to be the most proper. It will answer but little purpose to stimulate, when nature does not co-operate with us in producing uterine *Plethora*: and, it is only with the assistance of an increasing accumulation in the vessels of the *Uterus*, that we  
can



can expect any good effect from the exhibition of the remedies. But, if we have reason to suspect that the want of uterine *Plethora* is owing to general inanity, the application of stimulants will be very improper, as our chief aim should be to increase the quantity of the circulating fluids by the full diet, a glass of generous wine, and gentle exercise.

In the third place, barrenness may be owing to the imperforation of the *Fallopian* tubes; whereby the prolific æther is obstructed in its ascent to the *Ovaria*, and the *Ova* opposed in their descent to the *Uterus*. This is an insurmountable obstacle in the way of pregnancy, and such as cannot be remedied. These are the proximate causes of barrenness in the female constitution. The accidental ones may be various; such as inflammations of the *Vagina*, or *Uterus*, schirrous tumours formed there, dropfy of the *Uterus* or *Ovaria*, with many others  
too



too numerous to mention : the removal of which must depend on the skill of the practitioner.

But, however numerous the causes of sterility may be in the female constitution, we must acknowledge that the effect is too often found in the male, either from natural or accidental causes. The testicles, whose office it is to separate the prolific particles from the blood, may, by some defect in their formation, be incapable of performing their office; so that barrenness must take place from a defect in the secretion. Men to whom this happens, may be distinguished by the effeminacy of their voice, and by want of beard. The state of the genitals has a powerful influence both in the male and female constitution. The filling of the *Vesiculæ seminales* changes the voice, and causes the beard to grow; and wherever we perceive the absence of the beard, we generally suspect a virile deficiency, and such a  
one



one as cannot be remedied. But, though there may be no defect in the testicle-secretion, with respect to quantity, yet, the quality of it may be so far changed, owing to long continued inflammations, and repeated venereal attacks in those parts, as not to be capable of impregnating the *Ovum*. In such cases, abstinence from venery, till the vessels re-gain their tone, will be highly necessary. The food should be of the most salacious kind; such as fish of every sort, and particularly shell-fish. It is remarkable, that in fishing towns, where the inhabitants mostly feed on this kind of aliment, they are always the most prolific.

Fresh vipers are exceedingly nutritious, and are supposed to impregnate the blood in a very great degree, with those prolific particles, of which the semen consists. Salop, or the orchas root, of which it is made, has long been esteemed a potent incentive to venery; insomuch that the antients were of opinion,



opinion, that after a woman had eaten a certain quantity of it, if a man cohabited with her, she would prove pregnant that night. Chocolate is a very nutritious substance, and well calculated to answer this purpose. A late writer has observed, that potatoes are particularly falacious: and I am the more inclined to give credit to the opinion, from the low Irish, (whose food for the most part consists of them), having the most numerous and healthy offspring of any class of people.

The plainer and more simple the food, the more conducive it is to this end. High seasoned food, and spirituous liquors, are extremely pernicious to the constitution, and powerful antidotes against venery. Few people who live luxuriously, are amorous: for, though in the hour of debauchery, they may be stimulated to acts of lasciviousness, yet their abilities seldom keep pace with their inclinations: nay, they are often found defective



defective in the discharge of conjugal duty; which is a grand cause of so much connubial infidelity, as is observable among the higher class of people. But, besides the causes already mentioned of debility; it may sometimes be produced by fear, or a diffidence of our own abilities. Fear produces spasms on the surface, and prevents that influx of blood into the vessels of the penis, upon which alone erection depends. This sometimes happens to young men on their being first married, who before have had no connections with women; but, is by ignorant people attributed to witchcraft. Several instances of this have fallen under my own observation.

A young country-gentleman applied to me some time ago, when he had been married about two months. He told me that he had been deprived of the power of erection at the time of his marriage, and rendered incapable of the enjoyment of his wife, by means of a person who formerly had



had paid his addressees to the lady, who was then his spouse. Upon examining more minutely into the matter, I found there was no natural defect, and that he often had erections as well while asleep, as out of bed: but, as soon as he attempted the enjoyment of his wife, he was seized with a panic and violent palpitation at his heart. From this I concluded, that his debility originated from timidity, and that all that was necessary, was to remove his doubts, by giving him great faith in what was prescribed. Accordingly, I ordered him the following draught, assuring him at the same time of its efficacy in such complaints.

R Vin. Canar. ℥ij.

Extract. Croc. Gut. xxx.

Tinct. Canthar. Gut. xx.

Syr. Cort. Aurant. q. f. f. haust.

This I directed him to take about an hour before he went to bed, and continue it every night till the intention was answered.

In



In about ten days he returned in high spirits, and assured me that by the assistance of the first draught his power was restored, and the effect produced without the least occasion for a repetition, and that he felt his vigour daily increasing. However, sterility may obtain where there is no natural defect in either the male or female. I have known people live together for many years without having any offspring; though the husband had children born to him by a former wife, and after his death, the (second) wife proved pregnant by another husband. Now, her barrenness during the life of her former husband, must have been owing to the diversity of their constitutions; the one being of a cold phlegmatic habit, the other of a warm choleric temperament. In consequence of which, the *Ergasmos Veneris*, so essential to pregnancy, seldom or ever happened in both at the same time.



## SECTION IX.

*Observations on the effects of Labour-Pains; together with the method of distinguishing the true, from those pains which are spurious.*

THE *Uterus* is composed of a number of muscular fibres, which run both in longitudinal and circular directions. These are capable of dilatation and contraction to a considerable degree. In the last months of pregnancy, the *Uterus* is so dilated, that all its fibres are on the stretch; owing to the bulk of the *Fætus*, which now presses on the ligaments of the *Uterus* with such violence as to cause a dilatation.

The *Os-tincæ* also now descends into the *Vagina*, being distended by the liquor *Amnia*. This leaves the *fundus uteri* empty. Hence succeeds a contraction therein, which increases the degree of pressure on the *collum uteri*; consequently a dilatation of the *Os-tincæ* is produced, the resistance'below being



ing overcome by the pressure above. It is certain, that the contraction of the *Fundus uteri* and *cervix* is alternate; and that, as the one shrinks the other widens; until at last the *Fætus* is expelled by their alternate contraction and dilatation. How ridiculous then is it to harass women in labour, by shaking and making them walk about, when they are scarce able to bear their own weight. This absurdity is practiced by some, from a false idea that the gravity of the child will greatly assist its expulsion, without considering, that neither the weight or efforts of the child can be the least conducive to this end; as, either its shoulders rest on the brim of the *Pelvis*, or it is so jammed between the bones, as to be incapable of any spontaneous motion, more so of that which might otherwise be effected by its gravity. Such a practice may serve to exhaust the patient's strength before it is necessary, but can never be of any real utility.



A few days preceding the labour, there is generally a mucous discharge from the *Genitals*, intended by nature to lubricate the parts, and prepare them for dilatation. This discharge is succeeded by gripes and cholicky pains in the belly, owing to a spasmodic contraction of the *abdominal muscles*: These are called spurious pains. It is of great importance to be able to distinguish these from the true Labour-pains; as, thereby, it will be in our power to determine, when our presence is necessary, and when it may be safely dispensed with.

The true Labour-pains generally provoke stool and urine; and are often attended with sickness and reaching, violent pains in the loins, and about the *Sacrum* and *Pubes*. The countenance becomes florid; the *Os-tincae* begins to dilate; the *Mucus* is tinged with blood; the pains increase, with shorter intervals between them; the *Membranes* swell to the



the touch ; and the head of the child is felt in the passage.

Women, who are pretty far advanced in years before they become pregnant, often have tedious labours, especially at first ; owing to the parts having acquired a considerable degree of rigidity. In such cases we may wait much longer before we have recourse to art, than in those where the patient has had many children ; or where she is young. If the natural *Mucus* be exhausted by the tediousness of the labour, and the parts remain rigid, we may supply the defect by the injection of warm milk and water, oil, &c. By repeating these several times, the parts will relax, and the delivery thereby be much hastened.

If the liquor *Amnia* has not yet been discharged, and the *membranes* appear præternaturally rigid, so as to give reason to suspect they retard the labour, we should rupture them, and let the water escape.



A case of this kind happened to me about two years ago. A person who lived near *Exeter Exchange*, was seized with labour, and was attended by a gentleman who then lived not far from *Catharine-Street*, in the *Strand*. Finding the labour was very tedious, he sent for me; when I interrogated him concerning the circumstance attending it. He informed me, the child had been (what he called) half-born for near an hour; but that he could not get it extracted, and that it appeared to be a monster, not having any bones. When the next pain came on, I examined, and found the *membranes* protruded in the form of a gut, about six inches, and exceedingly rigid. I attempted to rupture them, but to no purpose: I therefore was obliged to perforate them with the points of a pair of scissors, and discharge the water. The woman was safely delivered in about a quarter of an hour after.

In



In general, we should not be too hasty in rupturing the *membranes*, unless we suspect they retard the labour, as women commonly expect to be soon delivered after the expulsion of the water, which is not always the case.

Sometimes foetid waters are discharged a week or ten days before a delivery: This is a sure indication of the *Fætus* having been dead for some time: But, we are not from this to conclude, that the labour will be attended with much more danger or difficulty: More tedious, perhaps, it may be, according to the degree of putrefaction it has attained.



## SECTION X.

*On the Treatment of Natural Labours,*

**L**ABOURS are divided into three classes; natural, laborious, and præternatural. It is denominated a natural labour, when the *Vertex* presents itself to the *Os-uteri*, with the face to the hollow of the *Sacrum*; and where the child is expelled by the force of the labour-pains without the assistance of art.

There is nothing in which young practitioners are so liable to err, as in being too officious in giving assistance where it is rather prejudicial than serviceable. Nature is the most judicious operator, and generally performs her work best without our intervention. I would not, however, be thought to insinuate, that assistance is always unnecessary: So far from it, I am persuaded it is often useful in every stage of pregnancy. All  
that



that I wish to recommend is, a strict attention to the progress of nature, that we may the better know when to give her aid, without counteracting her operations, or retarding her progress. He who wishes to practice this noble art with dignity to himself, and safety to his patients, should endeavour, not only to be acquainted with the theoretical part of midwifery, but with the mechanical laws, as well as with anatomy, physiology, and the *modus medendi*, that he may thereby be able to distinguish with accuracy, and prescribe with propriety. Indeed, those are the persons who are worst qualified for assisting, (when nature requires it) that are most officious when there is no real necessity. To be constantly harrassing and teasing women at the approach of every pain, as if we could extract the child by the touch, is not only unnecessary, but injurious to the parts; since it renders them more irritable, and, by frequent handling, induces inflammations.

When



When our attendance is required on a woman in labour, we should, on the approach of the first labour-pains after our arrival, examine the parts, in order to ascertain the true presentation of the *Fætus*, and know how far the labour is advanced. If we find the *Vertex* presenting to the *Os-uteri*, with the face to the *Sacrum*, and every thing proceeding in right order, should the person choose to walk, we may indulge her, till the labour has gained further progress; for, the less she is confined, and the more fresh air she breathes, the better. But if it appears that the pains are only spurious, and of the cholicky kind, we should order her a clyster, to evacuate the indurated *fæces*; and the urine should be extracted by the *catheter*.----The following draught may then be prescribed, which will remove the spasmodic contractions of the *abdominal muscles*, and procure a few hours repose:

R.



R. Aq. Melissæ ʒifs

Ol. Animale. gut. xx.

Sacchar. Alb. ʒij. M. f. haust.

This draught will occasion a calm and sweet sleep, for perhaps five or six hours. The woman will then awake much refreshed and in better spirits. Her pains will gradually increase. The *Os-tinæ* will dilate gently by every succeeding pain: The *membranes* will begin to swell to the touch, and perhaps rupture of themselves, and the liquor *Amnia* will be discharged.

If our patient chooses to be delivered in bed, which is the method in *England*, and by far the most eligible one, care must be taken to be well supplied with towels, or soiled sheets, which should be folded, and laid above the sheets in the bed, to absorb the moisture, and keep the clothes clean and dry. The patient must be ordered to lie on her left side, with her knees drawn  
up



up towards her belly, and her shoulders a little elevated. On the return of the next pain, she should be directed to assist the natural pain by bearing down with the *Diaphragm*. As soon as we feel the *Vertex* beginning to press against the *Os-externum*, our endeavours must be used to counteract its force by a gentle pressure with our left hand against the *Perinæum*, to prevent that, together with the *Sphincter-ani* from being lacerated. The parts will gradually dilate, and the *Vertex* will slide out by degrees from under the *Ossa-pubis*. The *Vertex* being disengaged, the *Os-frontis* will begin to rise from under the *Perinæum*. Here we may assist gently, by pressing it back with the palm of our left hand till the chin is fully disengaged, having our right hand formed in a cup-like cavity to receive the head. When we have thus far succeeded, we should rest (during the interval of pain), and endeavour to introduce the fingers of the right hand;



hand; and, when the next pain comes on, assist the shoulders in turning, so that they may pass in the same direction with the head; one shoulder being towards the *Sacrum*, and the other towards the *Pubes*.

The child being thus expelled by the force of the labour-pains, we should rest two or three minutes before we tie the ligature, or separate the *Funis*: for, considering the great change that at this time takes place in the constitution, particularly in the vascular system, we should by no means be hasty in stopping the circulation in the *Funis*, and consequently in the *Foramen ovale*, *ductus venosus* and *arteriosus*, until the child has breathed, and the blood has had time to pass through the lungs. The more languid the child appears to be, the longer time ought to be taken in separating the *Funis*; and, after it is separated, we should suffer it to bleed a little before we tie it. I am fully convinced, that was this method punctually



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tually observed, many children, who appear to be still-born, might be brought perfectly to life. After the child is removed, our attention will naturally turn on the extraction of the *Secundines*: and, perhaps there is no point in which the professors of the obstetrical art have so widely differed, as in this. Formerly, it was the prevailing custom, as soon as the child was delivered, to introduce the hand, and bring away the *Placenta*, without waiting for the assistance of the labour-pains; and, even at present, this practice is not without its advocates; while others assert that it should intirely be left to nature, and that a manual extraction of it ought not to be attempted, even though it remain unexpelled for some days. Both these customs have their advantages and disadvantages. Immediately after the delivery of the child, it is an easy matter to introduce our hand into the *Uterus*, while in its dilated state; when we can, with great facility,



cility, force away the *Placenta*: but, in so doing, we may bring on a violent flooding, by extracting it before the vessels of the *Uterus* have time to contract; and, if the patient is weakly and delicate, we may induce convulsions, by emptying the *Uterus* too suddenly of its contents. If, instead of introducing our hand, we pull too forcibly at the *Funis*, we may invert the *Uterus*. These are inconveniences, which attend the immediate extraction of the *Placenta*. On the other hand, if we leave it to nature, and she should be tedious in her work, the patient and her friends will fret and harass us exceedingly with their importunity, and the woman will seldom enjoy any peace, till either the extraction is made, or by a natural exoneration, rendered unnecessary. Again, by waiting too long, the parts will be contracted, when the introduction of the hand will be difficult and dangerous; more especially if the *Uterus* has shrunk itself into  
the



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the form of a pouch, as is sometimes the case: I therefore think, that between the two, *media via tutissima*. By avoiding *Scylla*, we should be careful not to split on *Charybdis*.

Though I do not approve of the method of extracting the *Placenta* immediately on the expulsion of the child, choosing rather to leave it to be expelled by the efforts of the after-pains; yet, having waited six or eight hours, if we perceive no signs of a speedy discharge, we should introduce our finger along the *Funis* to the *Placenta*, and gently raise it from the *Uterus*; then, withdrawing our hand, we should order a person to press lightly on the *Abdomen*, in order to assist the *Uterus* in contracting, while we pull gently at the *Funis*.

However, if the rules I have laid down concerning the method of delivery, be attended to, there will seldom be any occasion for the operation, as we shall generally find the *Secundines* lying loose in the *Vagina* as soon as the child is removed.

Here



Here let it be observed, that in all these cases we should first examine the *Abdomen*, before we attempt to extract the *Placenta*, lest there remain another child in *Utero*; and by pulling at the *Funis* of the one, we disengage the other *Placenta*; when, by inducing an *Hæmorrhage*, we may endanger the life as well of the mother as the remaining child. If on examination, we find the *Uterus* beginning to contract like a hard ball, and descend to the *Pubes*, we may be assured there is no other child remaining in *Utero*.

The patient being safely delivered, and the child taken into another room, we should give orders for the removal of the wet linen; during which time, we should be employed in examining the child, to see if it has sustained any injury in its head, upper or lower extremities, at the time of labour. The *Anus vagina* and *Urethra* ought also to be carefully examined. If the *Anus* is found blocked up by a thin *membrane*, (as some-  

G

times



times happens) we must open it with the point of a lancet; but if the *rectum* is closed higher up, a *trocar*, made for the purpose, will be the most proper.

Should the lower extremities be distorted, or the feet naturally turned with a curve inwards, (as is sometimes the case) care should be taken to set them in a right posture, as the bones, (which are at this time exceedingly soft and ductile) may, by a little attention, be brought to stand in any position we please.

With regard to mold-shot heads, no particular method of treatment is necessary, as time will reduce them to their proper shape.

This examination being over, we should return to the lying-in chamber, as by this time our patient will be shifted and laid in bed. If she be weak or faintish, she may be indulged with a glass of wine well diluted. Her attendants and friends should then be ordered to withdraw, and leave her to the perfect



perfect enjoyment of ease, both in body and mind, so that she may fall into a gentle slumber, and thereby recover from the fatigue of her labour.

No fire should be allowed in the chamber, unless the weather be exceedingly cold; nor any visitors permitted to interrupt her for at least the first 24 hours; as the cooler and quieter she is kept, the less liable will she be to suffer from those disorders, to which women in the same situation are subject.

In case her after-pains are troublesome, the following draught may be ordered:

℞ Sper. Ceti.

Mucilag. Gum. Arab. ā. ā. ʒj.

Sal. Sedatív. gr. xv.

Aq. Puleg. ʒifs.

Syr. Croci. ʒifs. M. f. haust.

repetend. pro re nata.

If she proposes suckling the child, the sooner it is applied to the breast the better, even tho' there is no milk; as by this means



the influx of milk will be invited to the breast, and those uneasy sensations prevented from arising, which the long retention of the *colostrum* often occasions. Should she not be disposed to suckle the child, it would be very proper to have her breasts well drawn, by some skilful person, for the first week, as this will have a great tendency to prevent those feverish symptoms which are produced by the reabsorption of the *colostrum* into the blood. The repulsion of the milk afterwards will be attended with no inconvenience, nor will any thing further be necessary, than to keep the breasts warm, and the body cool and laxative, which purpose the following mixture will serve :

℞ Ol. Racini cum v. o. ℥j.

Man. Calab. ʒvj.

Tinct. Senæ ʒifs.

Aq. cerasor. niger. ʒviij. f. mixt.

Cochlearia duo manè exhibenda, et alternis horis repetenda donec, alvus ventris responderit.

This



This will keep the belly cool and laxative; and by exciting the patient frequently to visit the *Cloaca*, will also prevent the *Lochia* from stagnating.

In the first week, her regimen should be of the antiphlogistic kind: Her drink barley-water acidulated, lemonade, butter-milk, or weak teas cold: Her food mostly of the vegetable kind: Her breakfast may be salop, chocolate, or tea, with dry toast. Her dinner, bread-pudding, with a small quantity of fowl now and then; or boiled lamb, and plenty of vegetables. A little blanched barley, or sago, may be used with propriety; and as much ripe fruit as she chooses, or agrees with her. These will be found much more agreeable to the stomach, and much better for the constitution, than those nauseous compounds called caudle, with which nurses are so fond of drenching women in this situation.



During the whole time, care should be taken to keep the lying-in chamber clean, and free from any disagreeable smell. The windows should frequently be thrown up, so as to supply it well with fresh air; and the bed-linen ought constantly to be changed, as nothing will tend more to re-establish her strength and spirits than fresh air and cleanliness.

If these cautions are attended to, I have no doubt but by the expiration of the first week, the person will be so far recovered, both in strength and spirits, as to consider any further confinement or restriction quite unnecessary.

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## S E C T I O N XI.

*Of laborious Labours,*

**I**N the preceding section, I have endeavoured to give a succinct description of the most approved method of delivering the mother, managing the child, and extracting the *Placenta* in natural labours: but, as it often happens that extraordinary assistance is required to save the life of either mother or child, and perhaps of both, I shall next proceed to give some directions how to assist nature in those cases, which require more skill and dexterity, and which are commonly called laborious labours.

The cases are denominated laborious, when the head remains long in the *Pelvis*, without making any progress towards delivery: and this may be owing to different causes. First, anxiety of mind, grief, or sudden fear, will occasion tedious deliveries,



Where the former labour has been slow, and required the use of instruments, the succeeding one will always be tedious, owing to disquietude of mind: and, though in a true labour, yet she may continue so for some days without a single good pain, and afterwards be safely delivered. In such cases we should order the patient an anodine to compose her spirits, and send her to sleep. When she awakes she will find herself much refreshed, her pains in all probability will increase, the *Os-tincæ* dilate, and her delivery then be safely and speedily effected.

Secondly, tedious labours may be occasioned by the rigidity of the *Os-internum*. This frequently happens to women who have had no children, before the age of thirty-five or forty years. Their first labour is in general tedious, owing to this cause. SMELLIE, I think, recommends scooping, in order to dilate the parts; but that, in my opinion, will have the contrary effect. Warm applications,



applications, or warm injections of butter-milk or oil, will answer a better purpose, as they will tend to lubricate the parts, and prepare them for dilatation. An opiate should be given, to lull her to rest for a few hours, which will have a tendency to relax the *Ostinae*. After this, the labour-pains will be more strong and vigorous, and in general sufficient to effect the purpose without any other assistance.

Thirdly, a narrow *Pelvis* is another cause of lingering labours, and often obliges us to have recourse to the use of instruments in order to force the delivery. Even under this circumstance, it is almost incredible what nature, left to herself, will do, when the *Vertex* presents, and the labour-pains are strong. Indeed, if the strength of the patient is exhausted, or cold sweats, fainting fits, and languid pulse intervene, we should deliver as soon as possible, and prevent the patient from sinking under her pain.

Fourthly,



Fourthly, if the head be over-ossified, so that the bones will not yield to the force of the labour-pains, or if a *Hydrocephalus* happen, it may occasion a tedious labour, and render the use of instruments necessary.

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## SECTION XII.

*Observations on the Use of Instruments, with  
Directions how to apply them.*

THE gentlemen who practice the obstetrical art, will sometimes find themselves under the disagreeable necessity of having recourse to the different instruments used in midwifery, according to the presentation of the child, or the conformation of the parts of the mother; and they must thereby expect to undergo a greater or less degree of censure, according to their success in the application. Should either the mother or child suffer in the operation, or should the circumstances of the case require the opening of the child's head, in order to render the extraction of it practicable, the operator must not be surprized at any outcry raised against him by the ignorant part of society, even though  
the



the life of the mother be thereby saved, I am sorry there should be reason for observing, that too many of those who practise the obstetrical art are ready enough to give their sanction to such reports, either from ignorance of their profession, or some interested views of establishing their own reputation for humanity, at the expence of their neighbour. That mischief has been done by instruments, in the hands of unskilful practitioners, I will not deny, as also the wisest and best institutions may be abused. This cannot be an objection against the prudent and necessary use of instruments, as I am well convinced that many lives, both of mothers and children, have been saved, by the timely application of them in the hands of judicious and skilful practitioners. However, I would by no means recommend the use of instruments, while there is the least shadow of probability, that nature can of herself effect the delivery; and, even when  
it



it becomes absolutely necessary to have recourse to them, we should set about it with the greatest deliberation. It would be highly improper to attempt delivering with the forceps, till we have well dilated the parts, and are satisfied respecting the presentation; in examining for which, we should feel for the *Vertex*, the *Sagittal* and *Lumboidal sutures*, the *fontanelle*, and ears; as by discovering these, we must be convinced of the situation of the head. After having formed in our minds a plan of the whole operation, we may venture to insert the blades of the forceps; when we should introduce the fingers of our right hand as high, if possible, as the ear, or at least within the *Os-tinæ*, lest we inclose it within the forceps, and lacerate it in extracting the head. In introducing the forceps, one blade must first be previously greased with pomatum, and with a gentle inclination, suited to the form of the head, we must slide it up the inside  
of



of the hand as high as possible; our hand is then to be withdrawn, and the other blade introduced in the same manner. When this is done, we are to lock the blades, taking care at the same time not to entangle any of the woman's hair, or any part of her in the forceps, whereby she may sustain unnecessary injury in the operation.

The patient being laid on her back, with her breech clear of the bed, we should begin to extract, moving gently from one side to the other. Our motion should be steady and uniform, and not by jerks. This motion must be continued during every pain, untill the *Vertex* appears through the *Os-externum*, and the neck of the child can be felt with the finger below the *Os-pubis*, at which time the forehead protrudes the *Perinæum*. We should then stand up, and by elevating the handles of the forceps, raise the head, while we endeavour to prevent the laceration of the *Perinæum*, which must  
be



be well lubricated with pomatum. One hand should then be pressed gently against the *Perinæum*, while we pull with the other at the forceps: by this means we shall be able to determine what degree of force to apply, without endangering the laceration of the parts. When the head is almost delivered, the parts thus distended should be slipped over the forehead of the child. The forceps must then be removed, and the two fingers of the right hand introduced in the interval of pain, when we should turn the shoulders, one to the *Sacrum*, and the other to the *Pubes*, so that the largest diameter of the body may be brought into the greatest dimensions of the *Pelvis*; which will so facilitate the extraction, that on the return of the next pain, the child will in general be delivered.

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### SECTION. XIII.

*Of the different Presentations in Laborious cases.*

**T**HE easiest and most natural presentation is, when the *Vertex* presents with the face to the *Sacrum*, and the *Occiput* to the *Pubes*; in which case we are to introduce the forceps as directed in the foregoing section, and extract in the manner therein laid down, waiting the return of every labour-pain, that we may give time to the *Uterus* to contract, and thereby prevent a *Syncope*, which the sudden inanition of the *Uterus* might otherwise occasion.

If the *Vertex* presents with the face to one side of the *Iliac*, keeping one ear to the *Sacrum*, and the other to the *Pubes*, we should carefully examine to what side the face is turned. This we can ascertain by feeling for the ear, as that part of the ear next the face



face goes off smooth, so as to suffer our finger to glide over it without interruption; or if the scalp be not much tumified, we may feel for the parietal and occipital bones: but, if from all these sources of information we cannot ascertain the true presentation, we should turn the woman on her side and feel for the neck.

One blade of the forceps must then be introduced as before directed, the handle of it being inclined as near the *Perinæum* as possible, that the curve of the blade may coincide with the sweep of the *Sacrum*; afterwards, the other blade must be inserted in the opposite side; when having locked them, we may proceed to extract very gently, and with a short motion, lest we injure the *Os-tinæ* or *Vagina*, by pressing them against the *Pubes*. After we have moved in this manner for a little, we may again introduce our finger, and try to discover to what side the face is turned;

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and



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and if we again fail in our attempts, it must carefully be observed, what side the head moves to with the greatest facility; when we may conclude, that the face is turned to that side, and proceed accordingly.

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## SECTION XIV.

*Of Face-cases.*

**T**HERE are three face-cases: first, when the face presents with the chin to the *Pubes*; secondly, when it presents with the chin to the *Sacrum*; and lastly, when the chin presents to either side of the *Pelvis*.

In all face-cases, if we are called in time, the safest and best practice is, to raise the head of the child above the brim of the *Pelvis*, and then turn the head. Should it ever be so ossified, or the *Pelvis* so narrow, as to render the opening of the head necessary, we shall find it a very difficult matter to effect, unless we alter its situation. If the *Pelvis* measures from three to four inches, and the head be not too much ossified, the child may be delivered by the labour-pains. Indeed, in



this, as well as all laborious-cases, we should wait with patience; as we can at last have recourse to art, when we are convinced nature has done her utmost.

If the face present with the chin turned to the *Pubes*, we shall not find it a very difficult case; as the chin will soon be brought from under the *Pubes*, by which we shall gain two inches, and thereby prevent the *Perinæum* from being injured by the extraction of the hind head.

If the face present with the chin to the *Sacrum*, we shall find this to be a more difficult case than the former, especially if the *Pelvis* be narrow. However, our first attempt should be, to raise the head, if possible, above the brim of the *Pelvis*, and bring it to a natural presentation. Should we fail in this, we must then introduce the blades of the forceps as before directed, inclining their handles as far back as possible, lest the blades should  
slip



slip into the nape of the neck, and thereby render the operation both tedious and difficult.

Lastly, should the face present, with the chin to one side of the *Pelvis*, before the application of the forceps, it will be necessary to know to what side the *Vertex* lies, that, if possible, it may be turned into the hollow of the *Sacrum*. After the situation is ascertained, we should endeavour well to dilate the parts, before we attempt to introduce the forceps; and, if we use the curved forceps, we must be cautious in extracting, and incline the handles of them backwards, lest by their points we injure the *Sacrum*.



## SECTION XIII.

*Of the most dangerous Causes of tedious Labours.*

**T**HE most dangerous causes of tedious labours, and the last which I shall take notice of, are the præternatural conformation of the *Pelvis*, the hydrocephalic disposition of the head, or the too great ossification of the *Cranium*, whereby the bones thereof are prevented from yeilding to the force of the labour-pains. If after mature investigation of the parts, we find that their disposition is such as renders it impracticable to turn the child and deliver it by the feet, or to extract it by the forceps, there remains no other alternative than that of opening the head: but, before we attempt this operation, we should examine the parts with the greatest accuracy, and if there exist but the least probability of nature's being



being able to effect her work without our interposition, we should wait her leisure with patience, so long as we think the life of the mother not in danger; especially if her pains be strong, and her pulse good. If at last we find it necessary to perform this disagreeable operation, the following directions should be attended to.

First, the patient should be turned on her back, or on her left side, and her breech brought over the foot of the bed so far as to be clear of it. The operator should be seated on a low chair, and furnished with a pair of scissars about nine or ten inches in length, with rests about the middle of the blades; also with a pair of curved crotchets made conformable to the sweep of the head, together with a blunt hook; all which should be carefully concealed from the sight of the patient. An assistant should be employed to press on the woman's *Abdomen* in order to keep the head of the child steady,



and not suffer it to recede from the scissars. The operator should then introuduce two of the fingers of his left hand, and feel for the *sutures* of the *Cranium*, then slide the points of the scissars along the inside of the hand, and introduce the points thereof between the *sutures*, pushing them as far in as the rests on their blades will permit. This being effected, let the hand be withdrawn from the *Vagina*, and the blades of the scissars opened and retracted, so as to make a large aperture in the *Cranium*. They should then be shut, and, by a half-turn, a crucial incision should be made, so as to quarter the *Cranium*, and suffer the brains to escape. The scissars being now withdrawn, the operator should introduce his fingers, and carefully extract as much of the splinters of the *Cranium* as he possibly can break off, so as to promote the evacuations of the brain or the water. If the case be an *Hydrocephalus*, let the scalp be well drawn  
over



over the remaining part of the *Cranium*, so as to prevent it from lacerating the *Vagina* in its expulsion.

This done, we may wait the effect of the labour-pains. Should they prove inadequate to the expulsion of the child, we may then have recourse to the forceps, or crotchets, which we please.

If the forceps gain the preference, I think Dr. LEAKE's, with the lever, will most effectually answer the purpose; as thereby we shall be able to diminish the magnitude of the head as much as will be found necessary, and we shall extract with much more safety to the mother, as the remaining part of the bones will be secured within the three blades, much better than can be done by two. Indeed, I look upon their excellency to consist in this point; that they effectually render the use of the crotchets, blunt hook, and every other instrument unnecessary. However, should prejudice prevail with us so far,

as



as to give the preference to the crotchets, they are to be applied in the following manner: Our hand should be introduced as high as possible, and we should feel for the ear: then one blade of the crotchet should be introduced along the inside of the hand, with the sharp point turned towards the child's head; which should be forced, if possible, below the under jaw, or in the mouth. If in the mouth, the other must be forced in the back part of the neck, and then locked and secured by a ribband tying the handles of them together, so as to prevent their moving. We may then begin to extract, as with the forceps; always observing the sweep of the *Pelvis*, and turning the largest dimensions of the shoulders, to the greatest diameter of the *Pelvis*, which will greatly facilitate the operation.

## SECTION



## SECTION XIV.

*Of Præternatural Labours.*

**T**HOSE are called præternatural labours, when, instead of the head, any other part of the *Fætus* first presents itself. Such cases require all our dexterity and judgment, while it is necessary to counteract nature with equanimity and resolution. Præternatural labours may be reduced into the following classes.

First, when any part of the lower extremities presents.

Secondly, when any part of the trunk presents.

Thirdly, when the upper extremities present, with or without the head.

Fourthly, when the upper and lower extremities present together.

Fifthly, when women are seized with a violent flooding, so as to render delivery necessary.

Sixthly,



Sixthly, the delivery of dead children.

There are three circumstances, which render these labours more or less difficult: first, the nearer the feet, the less danger, and *vice versa*: secondly, the greater or less quantity of waters that are in *Utero* at the delivery; thirdly, the greater or less degree of contraction of the *Uterus*.

When the lower extremities present, we call it a footling-case. Indeed, before the membranes are ruptured, it is difficult to distinguish between the upper and lower extremities, so much do they feel alike: but, after the rupture there is no difficulty; as the thumb is much thicker and shorter than the finger next to it, while the great toe is longer as well as thicker than the rest; besides, the *Os-calcis* will then determine us in our judgment.

If we find that the lower extremities present, we should introduce our hand and bring them down. If only one leg is down, we  
ought



ought to pass a noose over the *Os-calcis*, and pushing it a little up, introduce our hand and feel for the other; then bringing it down also, we should fasten the noose over them both. Before we begin to extract, we ought carefully to examine from the genitals downwards, that nothing intervenes between the thighs, so as to interrupt us in the extraction, and that they both belong to the same child: for, should it happen that they belonged to different children, it might be attended with fatal consequences, as well to them as the mother.

Being satisfied in this respect, we may then begin to extract gently, moving from side to side, until we get as far as the hips; our motion should be steady and uniform, and not by jerks. Here we may rest, and endeavour to dilate the parts, that they may be prepared for suffering the body and shoulders to pass through. Before we extract any further, we should bring down both arms,  
one



one after the other, and then give a half turn, so as to place the one haunch of the child towards the *Sacrum*, and the other towards the *Pubes*. The extraction ought to be performed only during the labour-pains, until the shoulders are fairly clear of the *Os-externum*; after which we may introduce one finger into the mouth of the child, and fix our thumb under the chin, when turning the face to the *Sacrum*, we may bring it away in that direction. By this means we shall always have the largest diameter of the child's body to the widest axis of the *Pelvis*, which will greatly facilitate the extraction.

This method has hitherto been observed by scarcely any authors who have written on the subject, and as far as I can learn, by few of our present professors of the obstetrical art. The least attention to the subject must convince them of the propriety of this mode of treatment, by turning the child so as to extract the body with one shoulder to the *Pubes*,  
and



and the other to the *Sacrum*; since the *Pelvis* is much wider below from *Pubes* to *Sacrum*, than it is from side to side, and the body much broader from shoulder to shoulder than from back to *Sternum*. Certainly then we shall extract the body with much more ease and safety both to the mother and child, by turning the greatest diameter of the body to the widest axis of the *Pelvis*, then we should do, were we to keep the broadest diameter of the child to the narrowest axis of the *Pelvis*. Indeed, Dr. SMELLIE observes, that if the face of the child be turned to the *Pubes*, when the hips are brought into the *Pelvis*, the face should then be turned to the *Sacrum*. But the present mode of practice is, to retain it in the same situation till the shoulders are cleared, and then to turn the head without taking notice of the half-turn of the body, so necessary for distending the parts in a proper direction,



direction, so as to suffer the head to pass them with facility.

Sometimes the hips present; and, indeed, if the *Pelvis* be large, and the woman has had many children, we may suffer the *Fætus* to descend in that direction. But, if we suspect the *Pelvis* of being narrow, we should raise the breech above the symphysis of the *Pubes*, and bring down the feet. Indeed, in all breech-cases, if we are called in time, before the labour is so far advanced as to render the bringing down of the feet impracticable, it is the safest and best practice. This presentation often puzzles young and inexperienced practitioners, who mistake it for a face-case. This happened to a young gentleman of my acquaintance, who was sent for to attend a lady in Westminster. After he had continued with her for some time, he sent for me. On examining her, I found that it was the breech that presented, and communicated my opinion to  
my



my friend, who appeared surprized, and could hardly be convinced of the reality of my assertion. However, the labour was too far advanced to admit of bringing down the feet: in about eight hours after, the child was born, when what I had affirmed was corroborated by facts. In almost all such cases, if we attend properly to them, we shall find the *Miconium* discharged by the force of the labour-pains, which can leave us no longer in doubt concerning the true presentation.

The second class of præternatural labours, consists in the presentation of the different parts of the trunk; such as the spine, abdomen, or either of the sides; the prognostics of which are long and severe labours, yet nothing presenting to the touch, the *Ostinae* continuing high, and not dilated, the extention being made transversely. In all such cases the difficulty and danger are nearly the same, and require nearly the same *Modus*

I

*Operandi.*



*Operandi.* We should never attempt to deliver, till we have well considered every circumstance attending the labour, and have gone through every part of the operation in our minds; after which we should proceed in the following manner:

First, one finger must be introduced, and then another, until we have got our whole hand within the *Os-tinæ*. If the irritation produce a pain, we should remain quiet, and not stir our hand till the pain is over. In the interval of pain, we may raise our hand gently, and search for the feet. If the head or shoulders be low down in the *Pelvis*, we should raise them above the brim, in order to facilitate the bringing down of the feet by gaining room. When we have found the feet, we should bring them down one after the other, taking care not to fracture the bones of the legs, nor dislocate any part of them; as the bones, being yet exceedingly soft, are very easily injured. To guard  
against



against this, we should cautiously observe, in bringing down the feet, to pass our two fingers over the upper part of the foot at the joint, having our thumb behind the *Os-calcis* so as to prevent a dislocation: or, if we find it difficult to get down the feet, we should feel for the knees, and bring them into the passage; when hooking a finger in each hock, and extracting gently until we come to the britch, we shall be able to get the feet clear of the *Os-externum*. Here we should rest a little, and dilate the parts; then introduce our hand and bring down the arms one by one, observing the same caution that has been given with respect to the feet, lest we fracture the bones of the arms, or dislocate any part of them. Having got the arms down, we are next to give the half-turn as before directed, so as to bring down the shoulders with their largest diameter turned to the widest axis of the *Pelvis*. By this means we shall distend the



parts in a proper direction, so as to suffer the head to escape without trouble; whereas, by bringing down the body and shoulders in the common way, we make the distention transversely; a direction contrary to that in which the head is to pass. In all these cases that are attended with danger and difficulty, we should be careful to acquaint the relations therewith, that they may be prepared for the worst: besides, we shall thereby save our own character, and prevent future reflections. Young practitioners should endeavour to call in a person of an established character, at least, to be present.

The third class is when the upper extremities, with the head or neck, present. This is one of the most alarming cases in Midwifery, as the *Uterus* is in great danger of laceration; which, unless we are very cautious, it will generally suffer. In such presentations, some advise the amputation of  
the



the arm : but, I confess, I do not approve of that practice, unless the circulation has for some time been stopped, and the arm become putrid. In this case, it may be twisted off at the articulation : otherwise, we shall not only dismember the child, but endanger its life by bleeding, which we cannot stop till too late, without answering any valuable purpose.

When the presentation is such as I have just mentioned, the hand should be introduced, and the head and shoulders raised above the brim of the *Pelvis* during the intermission of pain. When the pain returns, our hand must not be withdrawn, lest we lose what before was gained. When the pain is over, we must search for the feet, and bring them down as before directed ; after which we must proceed to extract by alternate motions of elevation and depression. Here let it be observed, that if we are called in before the membranes are ruptured,



tured, we ought instantly to rupture them with our fingers, and push up our hand so as to prevent the water from escaping, by which the *Uterus* will be hindered from contracting on the body of the child, and so the turning of it will be facilitated. But if the waters have been long evacuated before we are called in, and the parts are become dry and rigid, we should inject warm milk and water, or oil, eight or ten times, which will serve to lubricate the parts, and by rendering them more ductile, prevent future inflammations. In all præternatural, as well as laborious cases, we should be careful, before we proceed to the operation, to empty the *Rectum* of the indurated *Fæces* by a clyster, and the bladder of its urine by the catheter, which will greatly expedite the turning: if the parts have sustained much injury during the operation, we ought to direct emollient cataplasms to be applied to them, and a clyster made of chicken's  
guts,



guts, should be thrown up the *Rectum*, that any inflammation may be prevented from ensuing.

The fourth class of præternatural labours is, where the upper and lower extremities present together. The symptoms in these cases are nearly similar to those in the former, only the orifice of the *Uterus* lies higher, and the membranes break slower. Here we should be careful to distinguish the hands from the feet, by feeling for the *Os-calcis*, the *Malleolus exturnus* and *internus*, with the great toe.

Having separated the feet from the hands, we should pass the noose over the *Os-calcis*, and pull down with the one hand, while we push up the upper extremities with the other. When the upper extremities are removed, we may then proceed according to the former rules laid down.

In these labours, after the delivery, we often find a paralisis of the *Fætus*. Here



the application of blisters is proper; and we may order a drop of the finest *Tinctura Cantbaridum* to be given in the oil of sweet almonds every hour, until the child is better.

The fifth class of those labours which are called præternatural is, when women are seized with a violent flooding, from a detachment of the *Placenta*, so as to endanger the patient's life if not delivered. The greater or less danger of this case depends on the following causes: First, the time of pregnancy at which it happens; if it is one of the latter months the more dangerous, and *vice versâ*. Secondly, the danger depends on the quantity of blood lost. And thirdly, on the quantity of the placental mass detached from the *Uterus*. If the person has lost a large quantity of blood, and is seized with pain in the head, giddiness, pale countenance, fainting fits accompanied with convulsive twitches, yet  
no



no labour-pains ; if besides, the *Os-tincæ* is much dilated, and the flooding still continues, we may pronounce the case desperate; while a speedy delivery will be our only resource, by which we may give the woman the least chance for her life.

When the *Os-tincæ* is much distended, and makes no resistance to the introduction of the hand, it is a strong proof that the patient has lost a large quantity of blood, and that her strength is thereby much impaired. In cases of this kind, we must well consider all the concomitant symptoms, and if death seems inevitable, we should take care to have it imputed to the right cause, and acquaint her relations that we have no hopes of her recovery, her strength being totally exhausted by the *Hæmorrhage* which has been suffered to go on too long before we were sent for, and her delivery being too long postponed. Having thus prepared them for what may happen, we should then proceed



ceed to deliver, though without hopes of saving the life of either mother or child; as, should she die undelivered, her death in all probability would be imputed to our want of judgement, or inability to deliver her: it would at least afford a pretext to the midwife, by whose ignorance, perhaps, her death may be occasioned, to calumniate us in order to give a better colouring to her own conduct. By delivering the woman we give her the only remaining chance she has for her life; which, if we neglect, death must inevitably be the consequence. He who deserts his patient in the hour of danger, is as culpable as the general who flies from the head of his army on the enemy's approach.

When we are called to a woman seized with a flooding, if we find the *Os-tincæ* not much dilated, and still able to make some resistance to the introduction of the hand, it is a good symptom: we should rupture  
the



the membranes, introduce our hand, and turn the child before we suffer the waters to escape.

In extracting by the feet we should rest often, and extract slowly; having, at the same time, a person employed to press gently on the *Abdomen*, that the *Uterus* may be assisted in contracting, which will gradually stop the *Hæmorrhage*. If we find the flooding abate, we may extract still more slowly; while we support the patient's strength by veal-broth given quite cold, or beef-tea without salt.

After having delivered the child, if we find the *Hæmorrhage* abated, we may leave the *Placenta* to be expelled by the force of the after-pains: but, if the flooding continue violent, we must introduce our hand, as well to clear the *Uterus* of all the grumous blood, as to bring away the *Placenta*; after which we should suffer the *Uterus* to contract gradually on our hand, in order to prevent



vent the patient from fainting, which is often the consequence of the too sudden emptying of the *Uterus*.

Sometimes we are alarmed with a hæmorrhage from the *Uterus*, after the patient has been for a considerable time in labour, occasioned by the separation of the *Placenta* from the *collum Uteri*, to which it sometimes adheres, sealing up as it were the *Ostincæ*; where this happens, it generally puzzles young practitioners; for though the presentation be a natural one, and the labour-pains exceedingly strong, yet the *Ostincæ* will be very long in dilating, owing to the *Placenta* preventing it from yielding to the force of the labour-pains; and even when the resistance below is overcome by the contraction of the *Fundus Uteri*, a hæmorrhage will ensue from the separation of the *Placenta*, and such a one as will prove fatal to the child if not speedily delivered: to prevent which, we should instantly dilate  
the



the *Os-tincæ*, turn the child, and deliver by the feet. As soon as we get the feet fairly without the *Os-externum*, we should introduce our hand and bring away the *Placenta*, least it should interrupt us in extracting the *Fœtus*, and then deliver as quick as possible. If the child appear languid, we should not be in a hurry in tying the *Funis*, but give time for the change to take place in the circulation.

After the delivery, should we find our patient very weak, we may order her the following draught.

℞ Aq. Puleg. ʒij.

Bryan. Comp. ʒss.

Confect. Cardiac. ʒj.

Pul. é myrr. comp. gr. xij.

Syr. Balf. ʒj. M. f. haust.

V E L.

℞ Vin. Rubur. ʒij.

Aq. Spir. Cinn. ʒj.

Confect. Carda. ʒj. M. f. haust.

SECTION



## SECTION XV.

*On the delivery of Twins.*

WHEN a woman has two children, they are called twins, when three, trins. It is a prevailing opinion, that these births are occasioned by two or three of the male *animalculæ* impregnating two or more of the female *Ova*. This doctrine, however, as well as every other concerning the *Modus generandi* of the human species, is merely hypothetical; whilst the *Modus* itself remains a secret yet to be investigated, perhaps by many future generations. To whatever cause the conception of twins is owing, when once they are brought into the *Uterus*, each of them has a distinct *Amnios*, *Placenta*, and *Funis*, whereby they are nourished and kept apart from each other.

There is no other means whereby we can distinguish twins in *Utero*, but by the bulk  
of



of the *Abdomen*, which is fallacious till after one of the children is born. For this reason we should constantly examine the state of the *Uterus* with our hand after the birth of a child, before we extract the *Placenta*, lest by extracting that of the first child, we detach also that of another from the *Uterus*, and thereby bring on an *Hæmorrhage*. If on examining, we find the *Uterus* still continues hard about the navel, we may conclude that another remains, and therefore we should proceed accordingly. Sometimes the first child will present right, and be delivered by the effects of the labour-pains; while the second will be a wrong presentation, and require to be turned and delivered by the mechanical art. Indeed, if the labour-pains do not return in half an hour after the first child is delivered, I think it is most adviseable to introduce the hand, and bringing down the feet, and so deliver *Secundem artem*; being careful to have an assistant



stant employed at the same time in pressing on the *Abdomen*, that the *Uterus* may be assisted in contracting; for, if the patient be weak and delicate, and has enjoyed a bad state of health during her pregnant state, she will not be able to bear, without fainting, the sudden inaction of the *Uterus*, which perhaps may occasion sudden death; especially, if during pregnancy her legs have swelled much, and she experienced difficulty in breathing.

## SECTION



## SECTION. XVI.

*On the delivery of dead Children.*

THERE is no great diversity between the delivering of living and dead children, only the former require more tenderness and caution than the latter ; nor are the labours of dead children much more tedious or difficult.

To ascertain the state of the *Fætus* in *Utero*, should we suspect it extinct, the subsequent indications must be carefully attended to, *viz.* If the *Fætus* has not been felt by the mother to move in *Utero* for some time antecedent to the labour ; or if she has been subject to *tenasmus syncope*, or shivering fits ; or if the *Abdomen* feel cold to the touch, or the waters evacuated from *Utero* smell cadaverous, these are the prognostics delineated by authors, of the *Fætus* having been dead for some time in *Utero*;

K

but



but they are very equivocal and uncertain, and if we trust to them, we shall find ourselves often disappointed. To ascertain the truth of this matter, we should feel for the *Fontanelle*, and attend to the pulsation of the temporal arteries. If there be no motion there, and they feel soft and flaccid, it is a bad omen; or should the lower extremities present, we should try if there be any pulsation to be felt about the *Carpus* or ankle; if, on the contrary, they feel cold to the touch, and the cuticle peel off, it is a certain indication that the *Fætus* is dead, and that a high degree of putrefaction obtains: or we may examine the *Funis*; if we feel no pulsation in it, and if instead of feeling turgid it appear soft and flaccid without any motion, we may conclude the worst, and proceed accordingly.

If the head present in the natural way, and the labour-pains be strong without any bad symptom, we may leave it to nature.



ture to effect the work; but if the head be over ossified, or the *Pelvis* præternaturally narrow, so as to render the labour tedious, we should, without delay, open the head and suffer the brains to be evacuated, so that its bulk may thereby be diminished; we may then introduce the forceps or crotchets as before directed, and proceed to extract *Secundam Artem*.

Should the presentation be a præternatural one, so as to render it necessary to turn the child and deliver by the feet, we should extract very slowly, and be cautious lest we leave the head behind, which sometimes happens. To prevent this, as soon as we have got the body clear of the *Os-externum*, we should rest, and introduce two of the fingers of our left-hand into the mouth of the child, with our thumb under the chin; so that while our right-hand is employed in extracting



at the feet, our left-hand may assist at the head; but, notwithstanding this precaution, should the head be left behind, it may afterwards be delivered by the forceps or crotchets, according to the rules before prescribed.

SECTION



## SECTION XVII.

*On the delivery of Monsters.*

**B**Y monsters, I mean two children growing together, either by the backs, sides, or *Abdomens*; having but one *Funis*, through which they receive their nutriment. This phænomenon is said to originate from two *Animalculæ* impregnating one *Ovum*, with which they descend into the *Uterus*, where they grow together, by being in contact and pressing against each other, having but one *Chorion* and *Amnion* to invest them.

To whatever cause it is owing, I shall not at present examine; but we are certain of the effects. Sometimes the adhesion is exceedingly slight, insomuch that it will give way without the least trouble; but, where it is more firm, after having brought down the feet of the one, we must introduce our hand and separate them. Should we not



succeed with our hand, we must introduce a  
 pair of scissars and cut through the juncture,  
 and then proceed as directed in twin cases.  
 Indeed, as these cases seldom happen, there  
 cannot be any certain rules prescribed, from  
 which there should be no deviation; a great  
 deal must be left to the prudence and sa-  
 gacity of the operator, who must vary his  
 mode as the circumstances of the case re-  
 quire.

SECTION



## SECTION XVIII.

*On the management of Women during the first Month.*

**I**N a former section, when treating of natural labours, I considered fully the rules necessary to be observed towards lying-in women for the first month, whose labours were natural, and whose situation require no particular attention; but as cases occur that require the application of instruments, whereby the genitals and their appendages may sustain such injuries as demand particular attention, I shall subjoin a few directions necessary to be observed on such occasions.

If the labour be tedious, and the parts sustain any injury, whereby inflammations are induced either in the *Labia Pudendi*, *Vagina*, *Uterus*, or *Rectum*, we must pay particular attention thereto, lest a mortifi-



cation ensue. As soon as the *Placenta* is removed, a warm linen cloth, rubbed over with soft pomatum, must be applied to the parts, to prevent the access of cold air. If the patient be of a delicate constitution and much fatigued by the labour, we should not disturb her but as little as possible. The wet cloths about her must be withdrawn and replaced by dry warm ones. If she be faint, a small glass of wine medicated with a little cinnamon may be administered. After she is a little recovered from her fatigue, her skirt must be drawn over her feet, and a dry one put on the same way. A warm linen cloth must be applied to the *Abdomen*, over which the head-band of the skirt must be pinned moderately tight, to keep the *Uterus* in its proper position, and promote its contraction; but not so tight as to prevent a free circulation on the surface, and thereby throw the blood with greater force upon the *Uterus*, so as to bring  
on



on a violent hæmorrhage, which is sometimes the case.

If an inflammation in the genitals obtain, and the patient be of a plethoric habit, we must have recourse to venæsection, warm fomentations, emollient clysters, &c. These, with a strict adherence to the antiphlogistic regimen, will in general reduce the inflammation; but, should the parts have sustained great violence, either by the long continued pressure of the child's head, or by the instruments used in the extraction of the *Fætus*, so as to obstruct the circulating fluids in their passage through these parts, and a mortification be induced, we must loose no time in endeavouring to check its progress; for which purpose injections of a strong decoction of the Cort. Peruv. in which a quantity of the extract is dissolved, must be thrown up the *Vagina*, and clysters of the same thrown into the *Rectum*. If the patient's stomach will bear the Pul. Cort.

Peruv.



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Peruv. ʒj of it may be given every three hours. If her stomach reject the powder, a quantity of the extract, dissolved in cinnamon water, may be substituted. As soon as the mortification is check'd, and the mortified part thrown off, it may be treated as any common sore, in case the patient be of a good habit of body. Indeed, if the mortification has extended so far as the urinary passage, and the *Urethra* be thereby so much affected as to suffer the urine to be discharged through the sore, it will be attended with great inconveniency, as the salts of the urine will keep up a constant irritation, and prevent the parts from reuniting. To obviate this, a flexible catheter, made of gum elastic, may be introduced up the the *Urethra*, and kept there till the part be healed. If the aperture be large, the parts may be brought in contact and secured by a stitch or two. If the mortification has extended over the whole surface of the *Vagina*, so that the  
membrane



membrane that lines it be thereby totally destroyed, we must be very careful lest the parts coalesce; to prevent which, emollient injections must frequently be thrown up the *Vagina*, and a large tent kept constantly in it, until restored to its proper state.

Lacerations in the genitals sometimes happen, occasioned either by the rigidity of the parts in women who verge on forty before they become pregnant, or to the præternatural magnitude of the child's head, or its being over ossified, so as not to conform to the parts in its expulsion through the *Os externum*. If the lacerations be small, by proper care and attention, they may be healed without much inconveniency to the patient; but, if they extend through the *Perrincæum* and *Sphincter Ani*, laying the *Vagina* and *Rectum* into one, for some inches, so as to admit of the involuntary discharge of the *Fæces* through the former, the consequences will be most distressing to the unfortunate patient



patient if the malady be not remedied; or if they extend to the *Uterus*, and it be much injured thereby, the consequences will be fatal, unless great caution is used. Should the patient survive the accident, we must attempt to obviate the inconveniency in the subsequent manner: first, the colon must be emptied of its contents by an emollient clyster; the parts exceedingly well cleansed by a tepid lotion of milk and water. If the edges of the wound are become callous, they must be carefully paired with a dissecting scalpel, and none of the callosity suffered to remain; otherwise, it will prevent the parts from cicatrizing. This effected, the lips of the wound must be brought in contact, and secured by two or three deep stitches through the *Perinæum*, and one or two in the *Vagina*, if necessity require; and the wound dressed as in any other case. The patient must be kept in bed with her hips close together, to prevent the stitches from yielding



yielding: she must be kept quiet and airy, and her regimen must be of the antiphlogistic kind; no solid food must be allowed her, till the parts are cicatrized; her drink should be barley-water acidulated, peneda, &c. If she be of a plethoric habit, vænesection ought to be prescribed, especially if she does not suckle her child, in order to prevent fever or inflammation, which otherwise may obtain, from the redundancy of blood, which at this period must prevail in the system, owing to the predisposition of the habit, for making more blood than was necessary for supplying its own demands; and which, before parturition, was appropriated for the nourishment of the *Fætus in Utero*.

## SECTION



## SECTION XIX.

*Of the Prolapsus, Vaginae, and Uteri.*

WHEN the labour has been tedious, owing either to the mal-conformation of the *Pelvis*, or the largeness of the head, whereby it has been long detained in the *Vagina*; the lower part of this sheath sometimes tumifies, and is protruded as the head descends, till at last it appears below the *Os-externum*. In such cases, immediately after delivery, the parts are to be restored to their former state; if the inflammation be great, fomentations and poultices are to be employed to remove it. The patient must be kept quiet and easy, and as she gains strength, the complaint will vanish. A *Prolapsus Recti* may be occasioned by the same cause, especially if the woman has been subject to the piles, and requires the same mode of treatment.

With



With regard to the *Prolapsus Uteri*, this disorder may originate from a variety of causes, viz. from a general flaccidity of the system, an over distention of the uterine ligaments, an inveterate *fluor albus*, or from an imprudent force applied to the *Funis*, in extracting the *Placenta* after a long and severe labour. An instance of this fell under my cognizance some weeks ago. A lady in Holborn was delivered by her midwife after a long and severe labour of forty-eight hours. The midwife, after having waited an hour or two for the expulsion of the *Secundines*, not finding them come away, laid hold of the *Funis*, in order to try if they were detached from the *Uterus*. On the application of the least force, she found them come along with her, till clear of the *Os-externum*; when, to her great mortification, she found the *Placenta* fast, adhering to the *Fundus Uteri*, insomuch, that she could not effect a separation. She then very  
prudently



prudently returned them as well as she could, and sent for me, and candidly acquainted me with the circumstance. On examination, I found a general langour prevail in the system; the *Uterus* not contracted, and the *Placenta* still adhering thereto; the patient exceedingly weak and faint. I ordered her a glass of medicated wine, with a few Gutt. of the *Tinct. Croc.* and her *Abdomen* to be rubbed with the *Spir. Cornu. Cervi*, mixed with a few Gutt. of the *Tinctura Cantbaridum*. I then waited a few hours for the contraction of the *Uterus*, and to give time to nature to effect her work; but still found that though the *Uterus* was considerably contracted, yet the *Placenta* remained adhering thereto. I therefore thought it most prudent to assist nature in the operation; to effect which, I introduced my hand along the *Funis* into the *Uterus*, and not being able to discover the circumference of the *Placenta*, the edge thereof  
being



being so exceeding thin, and still adhering to the *Uterus*, I perforated it in the middle with my fingers, and found that the detachment was begun in the center, though it had not extended to the circumference; I then endeavoured to detach it all round, which I easily effected, and brought the *Placenta* away without the least inconvenience attending the operation. I then ordered the wet linen to be removed, and dry cloths substituted, four or five folds of warm linen applied to the *Abdomen*, and secured thereon by the head-band of the skirt; finding she had not slept any for twenty-four hours, I ordered her the following draught, and so took my leave.

R Aq. Cinnam. ten. ʒj.

Tinct. Theb. Gutt. xxx.

Syr. Croc. q. f. f. haust.

I returned next morning, and found her in a promising way, being much refreshed

L

by



by a good night's rest; her pulse regular, her skin moist, and the *Locha* discharged in due quantity; she only complained of a cough, and difficulty of breathing; to which I was given to understand she was subject, for which I ordered her the following mixture.

℞ Sper. Ceti. ʒij.

Mucilag. Gum Arab. ʒss.

Gum Ammon. ʒss.

Aq. Hyssop. ʒviij.

Syr. è Cort. Aurant. ʒj. f. Haust.

Cujus fumat cochlear duo pro re nata.

In this situation I left my patient, of whom I heard no more for three weeks; at the expiration of which time, I was again sent for, and informed that her complaint was again returned, in consequence of an accident which she had met with coming down stairs. On examining, I found the *Uterus* inverted, and below the *Os-externum*,  
and



VAGINÆ, AND UTERI. 147

and the woman in great pain. I ordered her to lean down on the bed, and applied my fingers to the most depending part, and with some difficulty, returned it. I then ordered her to use the following injection three or four times a day.

℞ Vitriol alb.

Alum ā. ā. ʒj.

Aq. Fon. ℥ij. M. f. Injec.

At the same time recommended to her, the cold bath, with the use of the Peruvian Bark in powder, and the chalybeate waters; these she continued for six weeks, at the expiration of which time, the parts had regained their tone, so as to prevent a return of the complaint.

Sometimes this disorder is exceedingly troublesome in women of lax fibres and delicate constitutions, and will return on the slightest occasion, if they but stir or walk about. In such cases, pessaries are



recommended, of which there are a great variety: but, I think, they are seldom attended with good effects; as a substitute, I would recommend the introduction of a peice of sponge, frequently soaked in some astringent fluid; this will yield to the contraction of the parts, and may be removed at pleasure, without any inconvenience to the patient.



## SECTION XXII.

*On Floodings after Delivery.*

**T**HE expulsion of the *Secundines*, in all women, is attended with a greater or less sanguifluity, according to the nature of the labour, and general state of the system; if the discharge do not exceed sixteen or twenty ounces, it may be considered salutary; but if greater, it requires particular attention, as it may be attended with dangerous consequences, especially if we perceive the pulse sinking, and great debility of the system; as in this case, the blood will flow *Pleno rive*. Under such circumstances, internal medicines are not to be relied on; as the most potent of them, must remain some time in the system, before they can produce any considerable change therein; before which time, the *vis vitæ* may be totally destroyed. The remedies that



promise fairest for answering any valuable purpose in such cases, are such as can be brought in immediate contact with the orifices of the bleeding vessels; such as astringent injections, or cold water thrown up the *Vagina*, cloths dipped in vinegar, and applied to the *Abdomen*. If the patient's life be in danger, she should be taken out of bed, and her feet and legs emerged in cold water; the door and windows of the bed-chamber set open, to admit a free circulation of cold air, which, by passing through the lungs, may cool and condense the blood. Should the patient faint, no stimulating medicine should be administered, unless there be danger of a total collapse: for, during the syncope, the orifices of the bleeding vessels will have time to contract, in consequence of which, the *Hæmorrhage* will cease. During the whole time, the strength of the patient ought to be supported by some nutritious fluid, such as  
beef



beef-tea, given cold, or veal or mutton broth, rendered grateful to the stomach by nitre instead of common salt; indeed, as large a quantity of nitre may be given her as the stomach will bear, as it will not only act as a sedative, but will determine to the surface.

of the Uterus to expel those clots  
 mous blood that are formed therein  
 the expulsion of the secundines. Women who  
 have had many children, whose fibres are  
 lax, and constitutions delicate, are more  
 subject to be invaded by those after-pains,  
 than those whose fibres are more tense, and  
 whose tonic power has not been impaired  
 by frequent and severe labours. Hence it  
 is, that young women in their first lying-in  
 are not so subject to after-pains, as afterwards  
 they become; as the Uterus at first, acts  
 more powerfully in expelling whatever is  
 inimical to it, than afterwards it is capable  
 of, and the orifices of its bleeding vessels  
 are not so contracted, as to suffer the red

#### SECTION



## SECTION XXI.

*On the After-pains, and Lochial Discharge.*

**T**HE pains women sustain after parturition, are occasioned by the efforts of the *Uterus* to expel those clots of grumous blood that are formed therein, after the expulsion of the *Secundines*. Women who have had many children, whose fibres are lax, and constitutions delicate, are more subject to be invaded by those after-pains, than those whose fibres are more tense, and whose tonic power has not been impaired by frequent and severe labours. Hence it is, that young women in their first lying-in are not so subject to after-pains, as afterward they become; as the *Uterus* at first, acts more powerfully in expelling whatever is inimical to it, than afterwards it is capable of; and the orifices of its bleeding vessels sooner contract, so as not to suffer the red particles



particles of the blood to be transmitted into the cavity of the *Uterus*, of which the *Coagula* are formed that occasion these after-pains. If a general debility prevail in the system, the uterine vessels will be slow in contracting, consequently the after pains will be severe and of long continuance; but, if the patient be young and healthy, and her tonic power not impaired, the pains in general will cease the second or third day, when the *Locha* changes from a florid to a pale colour; the uterine vessels being so contracted as only to admit of the transudation of the *Serum*, instead of the red particles of the blood.

About the fourth or fifth day, the *Lochia*, in some women, assumes a greenish hue, owing to some part of the membranes remaining in *Utero*, after the expulsion of the *Secundines*, now becoming putrid, and dissolving in the serous part of the blood emitted from the *Uterus*, whereby it acquires



quires this colour. Hence it is, that the nurses at this period, stile the *Lochia* the green waters. With respect to the quantity, quality, or duration of this discharge, they are so different in different women, that if the patient be in a fair way of recovery, without any bad symptom, nothing should be done, either to increase or diminish its quantity, or change its quality. Indeed, if the discharge ceases altogether, about the fourth or fifth day, and the obstruction be attended with tension, pain, and inflammation in the *Uterus*, owing to too great a plenitude in the vessels thereof, accompanied with pain in the head and back, together with a hard quick pulse, with nausea, and vomiting, it will require our particular attention. To obviate the present symptoms, venæsection must be performed, in order to remove the temporary *Pletthora*, which in general at this period obtains, especially if the patient does not suckle her child. Small  
doses



## AND LOCHIAL DISCHARGE. 155

doses of Emetic Tartar should be administered, to promote a diaphoresis, and keep the belly open; if the pains continue violent, the Spermaceti draughts, with opiates, will be of service, and in general, remove the complaint; on the contrary, if there be a redundancy of this discharge, and it be attended with evident symptoms of in-  
initation, the patient's strength ought to be supported by nutritious fluid, taken plentifully into the stomach, assisted by restorative medicines, such as the Confect. Cardiac. Cort. Peruv. &c. However, this discharge is seldom so profuse as to endanger the patient's life.

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## SECTION. XXII.

*Of the Puerpæral Fever.*

**A**BOUT the evening of the third day after delivery, the breasts begin to grow turgid and painful, especially if the lochial discharge be much decreased, the patient now become restless, and sometimes complains of cold and shiverings, which are soon succeeded by hot feverish symptoms, a full frequent pulse, florid countenance, &c. all which are occasioned by the sudden change that takes place in the circulation; occasioned by the separation of the milk in the breast; or perhaps, if the woman do not suckle her child, and her breasts have not been drawn, the commotion in the system may be owing to the reabsorption of the *Colostrum*, which, by being long retained in the breast, may become vitiated, and prove inimical to the constitution; to prevent



prevent this inconvenience, should the woman not be disposed to suckle her child, she ought to have her breasts carefully drawn, by some skilful person, two or three times, and her belly kept open by gentle laxatives; which will bid fair to prevent these feverish symptoms from supervening, or to remove them if present, as they seldom continue beyond twenty-four hours, being in general carried off in that time, by *Diarrhæa* or sweating; if there be no latent enemy lying lurking in the system. But should the fever continue beyond the second day, from its first attack, we should carefully examine whether it does not proceed from a putrid deathesis prevailing in the system; to ascertain which, we must attend to the state of the pulse; should it at first appear low and creeping, and suddenly become hard and full, attended with vertigo pain above the eyes, different sensations of heat and cold, nausea and vomiting of  
black



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black or greenish bile, accompanied with *Diarrhæa*, great prostration of strength, and lowness of spirits, we may then naturally conclude that there is an enemy in the system, which, if not expelled, will destroy its vital powers; in such cases, we should pay proper attention to the non-naturals, as an error committed therein may be attended with the worst of consequences. The bed linen should be well aired, and frequently changed, in order to prevent the retention of the *Lochia* about the patient, which, by the heat of the bed, might become putrid, and contaminate the circumambient air; which, in the act of inspiration, might be received into the lungs, and by acting as a ferment on the fluids, add fuel to the flame already kindled. The bed-chamber should be well ventilated, the windows thrown frequently open in order to admit fresh air, no fire should be permitted in the chamber, unless the weather be extremely cold, and even



even then, as little as possible; few visitors should be admitted, especially if the bed-chamber be small, as their breathing in the air contained in the chamber, will have a tendency to rob it of its antiseptic quality.

At the commencement of the fever, if it invade with evident symptoms of inflammation, a few ounces of blood taken from the head by leeches, will be proper; as double the quantity can be taken away by them, that can by the lancet, without affecting the *vis vitæ*. After which, small doses of Emetic Tartar should be given, so as to unload the stomach of the redundant bile contained therein, by one or two motions upwards, and then to operate downwards a few times, so as to cleanse the intestines. If a *Diarrhæa* supervene, which at first is a bad omen, though in the latter end of this fever it proves salutary, we must be careful not to stop it all of a sudden, lest it should prove fatal to the patient; yet its progress



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progress must be checked, otherwise it will destroy the *vis vitæ*. To answer this intention, opiates are very proper, though otherwise doubtful.

In this fever, the Bark, joined with the Vitriolic acid, should be given freely, in as large doses as the patient's stomach will bear; we should try it in all forms, though I think it is best in substance. If the fever be attended with a cough, we may join with it the Sperm. Ceti. draughts with Squils. If the patient's strength be much exhausted, so as to indicate the use of cordials, wine by far is the best and safest; of which, rhenish, or good found claret, should have the preference. In this fever, acids are exceedingly useful; and the vegetable by far the best. Orange or lemon juice should be mixed with barley-water, and given for her constant drink. If it be thought necessary to promote a gentle *Diaphoresis*, vinegar whey will most effectually answer this purpose,



pose, and is by far the safest and most proper sudorific. A strict attention to this mode of treatment, will in general carry off the fever in a few days, unless epidemic, as it was in the year 1769 and 1770, in and about London; where it raged with such fury, as scarcely to yield to any mode of treatment. In consequence of which, a variety of elaborate treatises on the child-bed fevers, have since appeared; particularly one by Dr. LEAKE, Physician to the Westminster Lying-in Hospital; who, from his anatomical researches, and various dissections, discovered that in all cases that occurred to him, the *Omentum* was particularly affected, and in many totally dissolved. And indeed, where the fever runs high, I apprehend the whole *Abdominal Viscera* are affected, from the symptoms that in general attend it. When the fever is vanquished, and the patient has recovered a little strength, a gentle purge or two should be given, in



order to carry off any offensive matter that may remain in the *Primæ viæ*; left by remaining there, it accumulate and induce a relapse. We should also endeavour to recover the tone of the *Viscera* by light food, of easy digestion, and aromatic bitters, such as orange-peel, chamomile-tea, together with the chalybeate waters, with those tonics before mentioned. Indeed the mode of treatment in this, as well as every other disease, must be regulated according to the prevailing symptoms, or forms in which it appears. If it invades with evident symptoms of inflammation, the antiphlogistic course must be pursued; if a putrefactive *Diatheſis* prevail, the anticeptic will be most proper.



## S E C T I O N XXIII.

*On the treatment of the Breasts after Delivery.*

**T**O investigate more clearly the proximate cause of those painful sensations excited in the breasts of women by the influx of the milk after delivery, it may not be improper to observe, that the breast is a glandular substance, composed of a variety of vascular convolutions, or plexus of small vessels, whose office it is to separate the more exalted part of the blood from the grosser particles, and convert it into milk for the nourishment of the young; for as the tubes of engrafted plants possess a power of transmuting the acrid juice of the stem into a sweet and pleasant fluid, so do the glandular texture of the breast possess a power of exalting and refining the blood, and of changing it into that balsamic and



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nutritious fluid called milk. Those small vessels whose function it is to effect this noble purpose, are exceeding numerous, and small at their origin; but as they approach the *Papilla* they unite, and form six or eight large tubes, called the *Tubuli Lactiferi*, which terminate in the *Papilla*, and compose the greater part thereof; those tubes communicate with each other by different ramifications, forming a kind of net-work, in order to obviate any inconveniency that might accrue from the casual obstruction of either of them; besides, they are furnished with reservoirs for the retention of the milk after it is formed from the blood, which prevent its spontaneous efflux, and create a necessity for extracting it by suction, as necessity may require.

In the virgin state, those tubes are exceedingly small, and so closely contracted, as not to admit of the influx of any fluid; hence it is, that the breasts of virgins remain



main compact and hard, until the vessels thereof become distended by milk, when they lose their natural plumpness, and become soft and flaccid. Indeed about the time of puberty, when a morbid *Plethora* prevails in the system, the virgin breast becomes much distended, by the increased *Impetus* of the blood forcing its way into the vessels thereof; but, as soon as the evolution of the genitals takes place, this rapid increase of the breast ceases, the redundant blood being carried off by the *Menstrual* discharge, until an obstruction of the *Menses* happens, occasioned by pregnancy, or any other accidental cause, whereby the blood may again be determined to the breast with increased *Impetus*, occasioning a dilatation of the vessels thereof, so as to suffer the grosser parts of the blood to pervade them, though before they would scarcely admit of the thinnest fluid. Hence it is, that the *Ariola* which circumscribes the *Papilla*, ap-



appears more florid in the time of pregnancy than before, owing to the red particles of the blood forcing their way into the vessels thereof. In consequence of which, Physiologists have looked upon this as an indication of pregnancy; but it is a very fallacious one; as an obstruction of the *Catamenia*, proceeding from any other cause, will produce the same effect, and will also be attended with a secretion of milk, if the obstruction continue long, and do not proceed from inanition. Indeed in such cases, were the breast to be repeatedly drawn, I have no doubt, but that as plentiful a secretion of milk might be brought into the breast, as if the person had been pregnant. I myself have known a secretion of milk brought about in a cat, by a young kitten frequently sucking her, who had been just taken from its mother. Nor do I see any reason why this might not take place in the human species, as the secretion of milk only depends



pende on an accumulation of blood in the system, and determination of it to the breasts; which may be brought about, by keeping the breasts warm, and having them constantly drawn, especially if the *Menses* be obstructed. There is a great sympathy between the *Uterus* and breasts, insomuch that if the one be affected, the other is influenced thereby. A violent *Hæmorrhage* from the *Uterus*, will stop the secretion of milk in the breast; and a large secretion of milk in the breast, will prevent the regular return of the *Menses*. In some women there is a large secretion of milk before delivery which soon after disappears, and the breasts, though before turgid, now become flaccid, owing to the quantity of blood evacuated by the *Uterus*; but as soon as the *Hæmorrhage* ceases, which generally happens about the third day, the secretion of milk returns with increased motion, distending the vessels of the breast beyond



their usual tone, which occasions pain, heat, and uneasiness in the parts, in proportion to the degree of resistance given by the solids to the influx of the fluids. To obviate which, the breasts should be frequently drawn, according to the quantity of milk secreted.

If the patient intends suckling the child, the sooner it is applied to the breast the better; the *Colostrum* being of a purgative nature, will purge off the *Meconium* contained in the child's intestines. If she does not intend suckling, the breast should be well drawn by some skillful person, lest a fever intervenes, in consequence of the reabsorption of the *Colostrum*, which, by being long retained in the breast, may acquire a pernicious quality. The breasts should be kept warm, and the belly cool and laxative; they may frequently be rubbed over with vinegar and brandy, or brown paper dipped in vinegar may be applied to them; and a  
hare's



hare's skin worn over them, will, by keeping them warm, promote the reabsorption of the milk into the blood, with which it will easily mix, being homogeneous therewith, without being attended with the least inconveniency.

Sometimes obstructions are formed in the breast, and the glands thereof become inflamed and suppurate; in such cases, if called in time, before the formation of *Pus* in the part, our aim should be to disperse the tumour, and prevent its suppurating, by the application of warm discutients, venæsection, and gentle purges; should we fail in the attempt, and suppuration take place, we should suffer it to break of itself, unless the disposition of the parts renders it necessary to open it. In such cases, I prefer the lancet to caustic; and the incision should be made in the most depending part, the more effectually to promote the free discharge of the *Pus* that may be  
formed



formed therein. The abscess may afterwards be treated as in any other part.

Sometimes indurations of the glands of the breast, obtain without any visible cause, and remain in an indolent state, without coming to a suppuration, or yielding to discutients. In such cases, parsley boiled up in vinegar and chopped small, and applied as a poultice to the part affected, and the breasts fomented with the liquor, is an exceeding powerful application; and I have known this succeed in dispersing these tumours, when every other means have been tried without success. Indeed I have known tumours to remain in an indolent state, for many years, without being attended with pain or uneasiness. In such cases, I always suspect an incipient cancer, especially if a shooting pain at certain intervals be felt therein, and the surface thereof appears irregular, and the veins become distended, and assume a livid hue; the tumour will  
soon



soon begin to increase rapidly, the pain will become exquisite, and an unkindly suppuration take place, and an ulcer be formed, and a thin acrimonious and corrosive humour discharged therefrom; the edges of the ulcer will become very irregular, and assume different aspects, sometimes they will appear livid, sometimes purple, green, black, or red, attended with great anguish, loss of appetite, prostration of strength, want of sleep, and sense of smelling; till at last death ends this scene of human misery.

Perhaps there are few disorders, that with more propriety may be ranked with those we call the *Opprobria Medicorum*, than the cancer; as I believe there is not one of the medical tribe, who, with truth, can say that he has discovered an infallible specific for this disorder, though we have had many pretenders thereto; and in some instances, some of them have proved effectual, where the patient has been young, and of a good habit



habit of body. There is no disease that requires a more easy disposition of mind, accompanied with a slender light regimen, than the cancer; as the least fall of passion, or irregularity of living, will encrease every symptom.

Should the cancerous part be so circumscribed and moveable, and to admit of extirpation, without maturely injuring the adjacent parts, and the patient being previously prepared for the performance of the operation by a proper regimen. We may perform the operation either by the scalpel or caustic, the choice of which must be directed by the circumstances of the case. Should caustic be judged the most proper, the difficulty will be to find one that will not extend its effects beyond the limits we prescribe, which the common caustics will do in spite of all our art to prevent them. The following composition will be found to answer every intention of our common caustics, without



BREAST AFTER DELIVERY. 173

without any of the inconveniencies thereof. Take of *Ranunculus Flammeus* two ounces, *Cicuta* one ounce, *Cotula Fætida* one ounce, let them be well pounded in a mortar; to which add white *Arsenic* prepared two drachms, flour of *Sulphur* one drachm, mix the whole together, and let them be dried in the heat of the sun. Of this powder we are to take such a quantity as will be sufficient to cover the part affected, it being previously made into a paste with the albuminous part of an egg, and spread on a piece of thin bladder sufficient to cover the cancerous part; which is to remain till it falls off of itself, which will happen in two or three days. Afterwards the *Eschar* is to be washed every day with brandy, in which is dissolved a quantity of the soft extract of hemlock, and dressed with softening digestives. During which time, the patient's food should be very light, and of easy digestion; the drink, a decoction of the woods, with  
a small



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a small quantity of the fresh juice of hemlock, beginning with six or eight gutts. and increasing the quantity according as it agrees with the patient; the belly must be kept soluble, for which purpose the following electuary is well calculated.

R Len. Elect. ʒij.

Flor. Sulph.

Pul. Rhubarb ā ā ʒij.

Ol. Carui, gutt. iij.

Syr. Rosar. solut. q. f. ut fit. elect.

cujus cap. M. n. m. bis terve

in die.

Indeed, should we have reason to suspect the whole system contaminated by the cancerous affection, it would be extremely improper to attempt the extirpation of the breasts, either by caustics or the scalpel, as this would only serve to exaggerate the pain, increase the malignancy of the disease, and shorten the patient's life. All that should be attempted in such cases, especially if



if the patient be advanced in life, is only to palliate the disorder, and allay the pain; to effect which, we are not to depend so much upon medicine, as on a regular mode of living; the food should be light, and of easy digestion, such as veal or mutton broth, with the addition of pot-herbs or fallad; but pork of all kinds ought carefully to be avoided. If the person be plethoric, venæ-section in spring and autumn, ought to be prescribed, and a tea spoonful of *Magnesia Alba*, taken every second or third day. Every summer, the patient should spend three or four months at the watering-places, where she ought to drink freely of the sea-water every morning, and in turns, an opiate may prove serviceable in allaying the pain. By this method, we may prolong the patient's life, and render it more supportable than otherwise it would be.

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## SECTION XXIV.

*On the Management of Children after Delivery.*

**T**H E child being born, and the *Funis* tied, it ought to be wrapped round in a warm piece of flannel, and a cap of the same put on its head. And as new-born children are liable to be covered over with a kind of scurf, or *Mucus*, especially about the arm-pits and groins, it should be carefully washed in warm milk and water, in which a little fresh butter has been dissolved; during which time the head and breasts should be kept warm, to prevent the child from catching cold. After the ablution is over, the moisture should be dried off the skin, by a warm linen cloth, and the navel-string wrapped in a soft linen rag and laid along the *Abdomen*, and so secured by a soft compress



## CHILDREN AFTER DELIVERY. 177

press made moderately tight, which should be worn for a few weeks, to prevent an *exampthalmus* or rupture of the navel, especially if the child be addicted to crying. This bandage should be loosened every day, and the part examined, till the navel-string drops off, which in general happens about the sixth or seventh day; after which, a pledget of dry lint ought to be applied to the part, and the bandage still continued: the clothing of the infant should be suited to the season of the year, carefully avoiding the extremities both of heat and cold. After the child is dressed, the *Accoucheur* should carefully examine all the natural passages, and see that they are free and open; should it happen that either of them are blocked up, so as to prevent the natural discharge, it may be attended with fatal consequences to the child. If the child is to be brought up at the breast, the sooner it is applied to it the better, the mother's milk being the most

N

natural,



natural, as well as the most agreeable food to the stomach of any that can be given; and certainly much more so than those lumps of butter and sugar, with which nurses are so fond of cramming children, sufficient to excite a loathing in the strongest stomach, much more so in that of an infant, which as yet, is not accustomed to any food. Besides, the mother's milk at first is possessed of a purgative quality, which at this time is necessary for discharging the intestines of their accumulated contents, and better adapted for this purpose, than any artificial purge. If the mother's milk cannot be obtained, we should endeavour to get a nurse who has been lately delivered; if the purgative quality of her milk be decreased, it may be heightened by her taking small doses of *Manna*, *Lenit. Elect. Magnes, Alba*, &c. If the child is to be brought up by the spoon, its food ought to resemble in quality the mother's milk as near as possible;



sible; for which purpose, rusks, or tops and bottoms, should be boiled up in water in the form of panada, and mixed with an equal quantity of new milk from the cow; and in order to prevent the accumulation of acid in the stomach, a small quantity of *Magnesia Alba* may be given twice or thrice a week, in order to absorb it; and at the same time, prevent costiveness, and consequently those red spots that often appear on the skin of infants, commonly called red gum, which are occasioned by the retention of the *Meconium* in the intestines, it not having been sufficiently purged off at first. Excoriations in the groins, neck, and behind the ears of children, often happen, owing to the negligence of nurses, in not keeping them dry and clean; in such cases, a little fullers-earth well levigated, will absorb the moisture, and heal the parts.



## SECTION XXV.

*Of the Apthose fever.*

**T**HIS is a disease from which no stage of life is exempted, though infants are more subject to it than adults, owing to the quantity of acid *saburra* that at this time prevails in the stomach and intestines, occasioned by a defect in the billiary secretion, and a weakness in the digestive organs; in consequence of which, the food taken into the stomach turns sour, and passes through the intestinal canal in a crude and indigested state, corroding the inner surface thereof as it passes through, and thereby destroying the orifices of the lacteal tubes, and rendering them incapable of absorbing the nutritious part of the fluid, consequently the child grows weak, and soon sinks under the disease.

This



## OF THE APTHOSE FEVER. 181

This fever first invades with a particular sinking of the eyes, and blueness thereabouts, succeeded by white specks on the tongue, and in the inside of the *Fauces*; and in a day or two after, the whole inside of the mouth is covered over with a thick white crust, which sometimes falls off, and is succeeded by a number of small ulcers in the mouth, and about the anus; and I imagine, through the whole intestinal canal, these ulcers soon assume a yellow hue, and from that change into a brown, and at last terminate in a mortification, if not timely prevented. If we have reason to suspect this disorder is complicated with a venereal taint, regard must be had to this as the primary cause, and our treatment must vary according to the prevailing symptoms. But should this disease be unconnected with any other, our first intention should be, to correct the urgency of the prevailing symptoms; and secondly, to remove the cause on which



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they depend. The first indication is answered by emolient, but not detergent gargles, taken as warm into the mouth as the child can bear; red wine with sugar, will remove the crust, but is attended with such pain, as often brings on convulsions. A small quantity of castile soap dissolved in breast milk, is very good, and if swallowed, will prove laxative; the syrup of poppies mixed up with cream, and the white of an egg is exceedingly emolient. The ulcers may frequently be touched with the tincture or honey of roses. Emolient clysters should frequently be thrown up the *Rectum*, both for nutrition and dilution; which purposes, chicken-water will answer, in which may be dissolved a small quantity of the honey of roses. At the same time, the testaceous powders should be given, with a view to correct and absorb the prevailing acidity in the *Primæ viæ*, being the proximate cause of the disorder; for which purpose, we should



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should give from ten to twenty grains of *Magnesia alba* twice or thrice a day, and if we find the child's strength will bear it, we may give a few gutts. of *Vin. Ipecac.* so as to prove emetic; this I have known attended with salutary effects. If the use of cordials be indicated, I think of all others, wine is the best, and may be given liberally in every stage of the disorder. I have known blisters in this disorder, applied with success; though I think in the last stage, their effects are uncertain, especially in adults.



## SECTION XXVI.

*On Dentition.*

**T**HE time of dentition in children, is very different; in some, the fore teeth begin to appear through the skin about the fifth or sixth month, while in others they do not appear before the tenth month, and sometimes later; and indeed I think the later they are in appearing, the better: as the child will have the more strength to undergo the pain thereof. Dentition in general, is attended with a considerable degree of inflammation in the gums, attended with exquisite pain and uneasiness to some, so as to induce convulsions, and a considerable flow of *Saliva* from the *Fauces*. In such cases, the gums should be laid open with a bistory as deep as the teeth, so as to suffer them to shoot forth without interruption, and blisters should be applied behind the ears.



ears, and leeches to the temples; the body should be kept open by the following mixture.

℞ Aq. font. ʒij.

Nuc. Mosch. ʒss.

Sperm. Ceti. (v. o. solut.) ʒi.

Elix. Paragor. Gutt. xxx.

Syr. Simp. ʒij. f. mixture.

Cujus Capiat. Coch. parv pro re nata.



*Of the Tussus Convulsiva.*

## SECTION XXVII.

**T**HIS is a spasmodic disease which particularly affects the larynx, bronchia, lungs, and stomach; its existence depends upon contagion, and is analogous to the measles or small-pox, in that it produces such a change in the system, as renders it specific against a second invasion. The virulency and diffusibility of this disease, as well as every other contagious one, are greatly governed by the particular temperature of the atmosphere, and its influence on the human frame; disposing it to resist, or more readily yield to the operative power of its *Semenium*. This is apparent from the violence with which it invades at some particular seasons, attacking almost every one, who before has not sustained the effects of its malignancy; while at other periods, it  
is



is rendered so mild in its nature, and gentle in its operations, as to appear almost deprived of its contagious quality; yet this diversity does not exist in the nature of the contagion itself, it being always the same, but to the change produced in the system, by the atmosphere disposing it to vanquish or reject with more facility whatever is inimical to its existence. A cold moist air is particularly favourable towards promoting and spreading this contagion; hence it is, that we always find the whooping-cough more frequent and severe in winter and spring, than in summer and autumn. In general, it first invades with all the symptoms of mildness, and of a common cold or catarrh, which is a gentle cough, attended with little or no expectoration. Its returns at first, are seldom and of short duration; but by degrees, they become more frequent and violent. The patient begins to complain of a diffused pain in the breast, and sometimes difficulty  
of



of breathing; the paroxysms become long and frequent, and often terminate with expectorating a quantity of viscid phlegm, and sometimes reaching, both which I consider as favourable symptoms; as in general we find those who vomit at the end of every paroxysm free from any pain, till the return of the next. During the paroxysm, we often find the *Fæces* and urine discharged involuntarily; the eyes appear prominent, and the face flushed or livid, as if the patient was about to be strangled; the inspiration is exceedingly sonorous, and hooping; hence it is called the hooping-cough. In this disease there is a great determination of blood to the head and lungs, which sometimes is attended with the most fatal consequences, owing to some of the blood vessels rupturing; though this does not happen so often to children as to adults; but in children, it is more liable to induce epilepsy, or apoplexy, whereby their lives  
are



are shortly ended. If children are seized with the hooping-cough, during the time of the small-pox or measles, it often proves fatal; or while they are cutting their teeth, if a fever be present, it is greatly exaggerated thereby.

In all such cases, our principal aim should be to alleviate the violence of the symptoms, and shorten the course of the disease as much as possible; the first indication is answered by venæsection, especially if the patient be *Plethoric*, and a fever obtains. Children do not bear this evacuation so well as adults, but we are often obliged to have recourse to it, not so much with a view to vanquish the disorder, as to prevent the fatal consequences that otherwise might ensue from a violent determination of blood to the head and lungs; to divert which, blisters are sometimes employed, and perhaps with advantage for a short time; but as the disease is of so long a continuance, we cannot with  
any



any propriety employ them constantly, unless perpetual ones are applied, and their effects are often trifling. Nature, who is wise in all her operations, points out to us the safest and most certain remedy, by the efforts she makes at the end of every paroxysm, to eject by constant vomiting whatever is hurtful to her; this seems to be a kind of crisis, which when it takes place, indicates a happy termination to the disease. In order to assist nature in this effort, we should give small doses of *Emetic Tartar* or *Sulphur, Aurat, Antim.* in such doses as will occasion the patient's vomiting at the end of the fit; this will prevent their swallowing that viscid stuff that is thrown up in the time of coughing, which is always the case with young children, where they do not vomit at the termination of the paroxysm. Small doses of *Magnesia Alba* should also be given, to prevent costiveness; where this is not attended to in children, they



they are often seized with *Dyspnæa*. After the inflammatory *Diatheſis* has ſubſided, the *Cort. Peruvian.* will be found particularly ſervicable, if we can adminiſter it in ſufficient quantity, which in children will be found difficult; but in this, as well as in every other diſeaſe, the bark, in ſmall quantity, is of little or no ſervice. Pectorals have been much employed in this diſeaſe, eſpecially the vegetable oils and ſyrups, &c. For my own part, I think they are inſignificant, or rather hurtful, as they load the ſtomach, which in infants is liable to be clogged with the viſcid phlegm ſwallowed after coughing. Opiates are ſometimes ſervicable, when there is an acrid deſtuction, which irritates the *Fauces* much; but this is ſeldom the caſe, therefore they ſhould not be generally employed. Indeed many noſtrums have been cried up as ſpecifics in this diſeaſe, but I have little faith in them, as I believe this diſorder, like the ſmall-pox

or



or measles, has its different stages, through which it goes in spite of all medicine, and that the most that can be done, is to mitigate the violence of the symptoms, and promote a more favourable termination.

Dr. CHYNE, and after him some others, recommend an infusion of the *Millepides* in wine, as a specific; but since they can be taken in substance, in so considerable a quantity, without producing any considerable effect; I cannot see what can be expected from them in tincture. Dr. BURTON recommends the use of *Cantharides* and *Camphire* rubbed together, and mixed with the extract of the *Bark*, as an infallible remedy, and which never fails in curing the disease in five or six days; and indeed, though we cannot clearly investigate the *modus operandi* of this composition, it being enveloped in too much obscurity to admit of a perfect elucidation; yet I have tried it more than once or twice with success, especially when  
given



given at first. But I think it is rather a dangerous medicine, and requires particular care in the administration of it; for unless it is given in such quantities as to excite a slight strangury, it will have little or no effect. But what I would wish to recommend, if the disease runs out to a considerable length, is, a light regimen, gentle exercise, and change of air.



## SECTION. XXVIII.

*Of the Small-pox.*

**T**HIS disease is an exotic, and not the natural production of this country. Disorders, like plants, have their climates in which they first originate, especially such as are produced by contagion; and though when imported into other climates they may become diffused, and perhaps make great devastation among the natives thereof, yet had not their *Semenia* been imported, they would not otherwise have existed in those regions. There are a variety of diseases to which we, in this country, should have remained strangers, had it not been for the extention of our trade and commerce: such as the Lues Venerea, Plague, Measles, and Small-pox. The last of which, seems to have originated in the interior parts of Arabia; and the reason why it was



so late in visiting Europe, was owing to the Arabians being a wild and uncivilized people, who held little communication with the rest of mankind, till Mahomet started up, and from his zeal in endeavouring to establish his religion, sent over missionaries to Palestine and the interior parts of Arabia, in order to make profelytes. By this means the small-pox became more diffused, and soon spread themselves over Europe, and consequently over the globe. The first account we have of the small-pox, was given us by one AARON, a priest and physician of Alexandria, who wrote in the latter end of the fifth century; and after him one RAZES, who wrote in the beginning of the sixth century, and by whom they are well described; and indeed after them, by almost all systematic writers, who all seem to agree, that they are a contagious disease, communicated by the effluvia that arise from an infected body; but how the contagion was



first produced previous to the infection of any human body, has not, as far as I know, been accounted for. We know from experience, that in every climate there are diseases produced by the noxious vapours that arise from the putrefaction of some part of the vegetable or animal kingdoms, that are the spontaneous production of that particular climate. The epidemic diseases of both the East and West Indies, are owing, in a great measure, to the noxious vapours that arise from the putrefaction of dead bodies, or the corruption of vegetables in the low swampy grounds. The jail fever owes its origin to the putrid effluvia arising from human bodies; and why may not we with the same propriety, suppose the *Semenium* of the small-pox to be generated by the putrefaction of a certain species of the animal or vegetable kingdoms, peculiar to the climate in which this disease first originated?

And



And that this putrid *Miasma* so generated, is either taken into the lungs, or taken up by the inhaling vessels, and so carried into the system, where it acts as a ferment on the fluids, and thereby multiplies considerably, according to the disposition of the system, and temperature of the air at that period when it invades; for though it is certain that the contagion of the small-pox cannot be transmitted by the air to distant regions, yet it has a powerful influence in mitigating its violence, or increasing its virulence, in causing the pustules to assume a distinct, or confluent form; which I consider as totally depending on the disposition of the system, and temperature of the atmosphere, and not to any diversity in the natural quality of the contagion; this is confirmed by experience. Two persons inoculated by the infection taken from the same pustule, will oftentimes be differently affected: in the one, the pox will assume



the distinct appearance ; in the other, the confluent. This discrimination must arise from the diversity of constitutions, and not from the variolus matter.

However, we shall consider this disease as divided into two kinds, distinct and confluent, or benign and malign ; by the former, I mean when the pustules are separated from each other, by intervening spaces ; by the latter, when they are so closely conjoined, as not to admit of the intervention of any space between them. Now as this disease is attended with different symptoms, according to the form it assumes, it will be necessary to consider the distinguishing characteristics of the different species thereof, in their different stages ; to effect which, with any degree of accuracy, it will be proper to divide the progress of this disease into three different stages. The first, from the invasion to the eruption ; the second, from the eruption to the height ; the third, from



from the height to the termination. The benign or distinct small-pox, first invades with rigour, attended with alternate sensations of heat and cold, pain in the head, back, and breast, attended with nausea vomiting, and a sense of weight about the *Præcordia*; the pulse full and hard, the eyes red and sparkling, the skin moist and soft, with a disposition to sweat and sleep. In this state the patient generally continues for two or three days, till the eruption begins to appear; before which time, children are often seized with convulsions, owing to the tender and delicate texture of their nervous system. If the fits are gentle and soon go off, they prognosticate a favourable termination; but if violent, and continue after the eruption is compleated, they are a bad omen. These are the symptoms that attend the first stage of the benign small-pox; and indeed the symptoms of the malign are much the same, only more



violent, and attended often with delirium and purple spots on the skin, which are a strong indication of a putrescent, *Diathefis* prevailing in the system, and that the disease will be attended with a fatal termination.

About the fourth day the eruption in the benign begins to appear, from whence we date the commencement of the second stage. Small red specks first appear on the face and breast, then on the arms and back, and last, on the lower extremities; these specks resemble flea-bites, but when pressed with the finger, may be felt hard in the skin, whereby we are led to distinguish them from the measles, which at first do not appear above the surface of the skin. As soon as the eruption begins, the febrile symptoms remit, and often disappear for a few-days; about the fifth or sixth day after the eruption takes place, the febrile symptoms in some measure return, the pustules begin to tumify and become  
hot



hot and painful, and round their basis the skin appears of a florid red, resembling a damask rose; the face becomes much inflamed, particularly about the eyes, inso-much that they are often closed up for a few days, even when the pustules are few in number, and of the mildest kind. The pustules as they enlarge, become filled with a fine thick fluid of a yellow colour; this in general happens about the ninth or tenth day, at which time we may consider them as having arrived at perfect maturation. In this stage, the progress of the confluent small-pox differs much from that of the benign, the eruption appears sooner; but the febrile symptoms do not remit, except the disposition to sweat, which in children, is often succeeded by *Diarrhæa*, and in adults, by salivation. The face appears much inflamed, and *Erysipelas* exceedingly tumified, and the countenance so much changed, that scarce any vestige of its natural form remains,



remains, being covered almost with one continued blister, which about the eighth or ninth day turns brownish, with dimples in the middle of such pustules, as appear in any measure distinct. About the tenth or eleventh day, the discharge from the *Fauces* becomes glutinous, and sometimes ceases; and when it does not return in a day or two, the disease in general proves mortal. Cough, attended with difficulty of breathing, are for the most part the concomitants of this species of small-pox, as well as stupor, and often delirium, succeeded by a phrenitis, which is a certain indication that the pox have seized the membranes of the brain, especially if accompanied with convulsive twitches, indicated by the grinding of the teeth. These are the symptoms that accompany both the benign and malign small-pox till they arrive at the height, which in the former, happens about the ninth, and the latter about the eleventh day,



day, the periods which prove most dangerous; there are other symptoms which are equivocal, and occur in the different stages of both diseases, such as a suppression of urine, or perhaps bloody urine, *Hæmorrhages* from different parts, lethargy, &c. Having arrived at the height, we are now to consider the symptoms of the last stage of the distinct.

The *Variolus* matter being perfectly matured, a reabsorption thereof now begins to take place, which will add fresh fuel to the flame already subsisting in the system, and cause the febrile symptoms to return with increased violence, according to the quantity and quality of the morbid matter reabsorbed. If the pustules be few and of a benign kind, the fever will be mild and of short duration, but if numerous and of the confluent kind, the secondary fever will be more to be dreaded than the first, as it generally invades with evident symptoms of putridity,



putridity, and sometimes with those of peripneumony, attended with delirium or a true phrenites. The salivation which generally attends this species of small-pox in adults, for the most part becomes glutinous about the eleventh or twelfth day, and is discharged from the *Fauces* with some difficulty. In some it ceases altogether, and is succeeded with great difficulty in deglutition, and though the thirst be great, a large quantity of the fluid taken into the mouth returns by the nose; about the fourteenth or fifteenth day, the incrustation on the face turns brown, and begins to fall off in large pieces, leaving the part underneath quite bloody and raw, which is soon covered by a scurf, which destroys the texture of the skin much more than the first. In this situation the patient sometimes continues, till death at last closes the scene, which does not happen before the twentieth or twenty-second day. Having now enumerated  
the



the various symptoms that attend both the distinct and confluent small-pox in their different stages, I shall next consider the *modus medendi*.

Sometimes cases occur where this disease is so very mild from its first invasion, as not to require any medical assistance until the close, when it becomes necessary to give a few gentle purges to carry off any remains of the acrid matter that may continue in the system; therefore our treatment of this disease, must be regulated according to the prevailing symptoms in every stage thereof, which will greatly depend on the constitution of the patient, the state of the weather, and season of the year; for certain it is, that after a continued series of cold dry weather, the fibres are more rigid, and the blood more dense than in a warm and moist state of the atmosphere, consequently will require more copious bleeding in winter than in summer, and bear it much better, and at  
the



the same time, require a greater quantity of antiphlogestic drink diet, and medicine; whereas, in the latter, something more cordial, subastringent, and antiseptic, will be required. If this fever invade with evident symptoms of a prevailing inflammatory *Dia-thesis* in the system, the antiphlogestic regimen must be strictly pursued, especially if the fever runs so high as to affect the head, throat, or lungs, so as to produce a delirium, suffocation, or difficulty of breathing; we should bleed copiously and repeatedly, if the symptoms do not abate on the first evacuation; after this, an emetic should be administered, the necessity of which is clearly indicated by the nausea and sickness at the stomach, which are the constant concomitants of this disease; after the stomach has been cleansed by an emetic, small doses of antimonials should be administered, with plenty of diluting liquors, barley-water, acidulated with lemon or orange juice, milk  
and



and water, or cold water itself, with the free admission of pure cold air; these cannot be too strongly inculcated, as an error committed therein, may be productive of the most fatal consequences. If the patient be seized with convulsions, blistering will be highly proper, with emolient clysters, and the *pediluvium*; about the time of the eruption, difficulty of breathing and of swallowing, sometimes supervene. In this case, a blister should be applied between the shoulders, and clysters of warm milk and water thrown frequently up the *Rectum*; and if the child be plethoric, bleeding with leeches will be necessary; for children bear the loss of blood much worse than adults, yet they will suffer the loss of double the quantity, with less inconvenience, when taken this way, than they would do if taken by the lancet. At this period I know many object to bleeding, from a mistaken notion that it will retard the filling of the pustules; but  
it



it has just the contrary effect, for by taking off the great distention of the vessels, it gives nature more room to act; indeed there are some cases where venæsection would be highly improper. Where the patient is of weak and relaxed fibres, or where, from the first commencement of the fever, there are evident symptoms of putrescency, bleeding in such cases, would be highly improper and injurious. After the commencement of the eruption, if the symptoms be mild, there is little need of medical assistance, only we are to forward the eruption, by giving plenty of diluting drinks, the food should be light and of easy digestion; the patient's apartment kept clean and well ventilated. If the eruption be tardy in completing, and the pustules fill slowly, the pulse weak, and no fever present, we ought at this period to give cordials, in order to raise the pulse, and promote the eruption, such as the *Aq. Cinnam.* with the *Tinct. Croc.* together with  
the



the *Ocul. Cancror.* which in this stage is very proper, as it will absorb any acid it may meet with in the *Primæ viæ*. But the best of all cordials in this disorder, is good sound claret, which may be drank pretty freely without being productive of the least inconvenience, even though the patient be delirious. The feet and legs should be frequently fomented with a decoction of chamomile, which, with the liberal use of wine, will have a tendency to remove the constriction of the extreme vessels, promote an equitable circulation, cause the eruption to come out freely; and the pustules to fill gradually. If the febrile symptoms run high, we should endeavour to lower them by bleeding and the antiphlogistic regimen. Laxative clysters ought to be administered once a day till the fever subsides; if attended with delirium, bread and milk poultices should be applied to the soles of the feet, if they fail in making a revulsion from the  
P head,



head, blisters may be applied to the inside of the legs, more especially if the eruption be so thick and close as to prevent the cutaneous discharges from passing off; should this happen, without the upper or lower extremities tumifying, so as to convince us that the superfluous fluids retained in the system, are lodged in the cellular interstices thereof, or that they are carried off by some critical evacuation, such as salivation, *Diarrhæa*, or an increased discharge of urine, we may prognosticate the consequences to be fatal, unless by blistering, we are able to divert the load of accumulated humours from the vital organs to the extremities, or by giving the *spir. nitr. dulce*, we promote their expulsion by the urinary passages. Opiates in this stage may be given with propriety, as they are both cordial and tonic; but as the prevalency of a putrid *Diathefis* in the system is the principal thing, against which we are to militate. The bark, with the vitriolic acid,



acid, are the things on which we are principally to depend, with the free use of cold pure air, and plenty of good claret, especially if the patient be weak and languid; the diet should be roasted apples, and barley boiled in milk and water; the drink should be sack-whey, or milk-whey, or barley-water acidulated with orange or lemon juice. When the incrustation begins to dry and fall off, we should give a gentle purge of the infusion of *Tamar. Mann. Sal Glaub.* &c. in order to carry off the acrid humours that may remain in the system. After the eruption is gone, three or four mercurial purges should be administered at proper intervals, and the bark given in the intervening time. During the whole course of this disease, it should be our constant care to expose our patient to the cold air as much as possible, to have the linen frequently changed, to keep children as much out of the cradle as possible, and cause adults to walk about as much as their strength will bear.



## SECTION XXIX.

*Of Inoculation.*

**T**HE art of inoculation was first invented in Circassia, to preserve the beauty of the fair Circassians. Lady Mary Wortley Montague was the first who introduced it in England, and indeed the success that has attended it, together with the advantages derived therefrom, preclude all necessity of saying any thing in vindication of the practice, since the rising generation who have experienced its salutary effects, must bear testimony to its superior excellence in preserving beauty, prolonging life, and in securing to mankind the proper exercise of those organs on which hearing, seeing, and smelling depend; to all which the natural small-pox are exceedingly pernicious, for like all other contagious disorders, the virulence of the small-pox depends



pende greatly on the season of the year, and state of the atmosphere at the time of its invasion, together with the influence the air has on the constitution, disposing it more readily to yield to its operative power, or vanquish its influence; in all which, persons inoculated, have the advantage over those who catch the contagion in the natural way: as by inoculation, we have it in our power to choose the most propitious season for the performance of the operation, and also to fortify the system against its violence by a proper regimen. In this as well as in all other medical branches, we have had many pretenders to secret medicines, particularly calculated to mitigate the virulence of this contagion, and to render it more friendly to the constitution; yet who of them have been more successful in their practice than Baron DIMSDALE, that never pretended to any nostrum. The grand *Arcanum* seems to consist in bringing the system as



near the standard of perfect health as possible, if too weak, to strengthen it; and if too strong, to lower it by proper regimen. The preparatory mode now successfully practiced in this country, is to restrain the patient from all animal food for ten or twelve days before the infection is communicated, and also from butter, oil, aromatic spices, all kinds of fermented liquors, and whatever has a tendency to increase the phlogistic *Diathefis* in the system; living solely on a milk and vegetable diet, unless the patient be of a weak and delicate constitution, in which case, he or she may be indulged with a little boiled chicken or rabbit now and then, giving at the same time, every third day, the following powder.

R Mercur. dulc. p. p. gr. vi.

Tart. Emet. gr. fs.

Pul. Chil. Cancror. Comp. gr. v.

m. f. Pul.

This



This I consider as a full dose for a grown person, which should be proportioned according to the age and constitution of the patient. The evening of the day after the third dose of this powder is given, the infection may be communicated either by raising the cuticle by the point of a Lancet, just at the insertion of the deltoide muscle in that part of the arm where an issue is generally cut, and afterwards introducing a small quantity of the infection by the point of a lancet, or a small bit of cotton; or by tying a cotton thread, that has been previously drawn through a pustule, round the arm. In whatever way the infection is communicated, the part to which it has been applied will become a little inflamed about the third day, if it has taken effect.

About the sixth day, pains arise in the arms, which in a day or two are succeeded by pains in the head and back, foetid breath, and bad taste in the mouth.



At this period the patient should be kept out of bed as much as possible, and made to walk about in the cool and open air, and a dose of the powder first recommended, should now be given, and continued at proper intervals; during the eruption, the belly should be kept open by some gentle laxative, such as an *Infus. Tamarind*, with the *Tart. Solub.*

If the pustules fill well, there will be little need for any further medical assistance. If they are slow in filling, and the pulse appear languid, a glass of wine may be given, which will raise the pulse, and cause the pustules to fill; when they have arrived at a state of maturation, the patient may be indulged with rest and laying in bed, as nature seems now to require it. During this stage, plenty of diluting drinks should be given, barley-water accidulated with orange or lemon juice, will be very proper.

During



During the whole time, no fire should be kept in the room, unless in the depth of winter, which I consider as a very improper time for inoculation. The spring, summer, and autumn, seem the most proper, omitting the dog-days.

SECTION



## SECTION XXX.

*Of the Measles.*

**T**H E measles, like the small-pox, are the progeny of contagion, and are analogous thereto, in that they infest but once in life, producing then such a transmutation in our fluids, as renders us specific against a second attack. They invade with alternate fits of heat and cold, pain in the head, back and loins, accompanied with great lassitude and sense of weight about the *precordia*, together with nausea and vomiting, and a troublesome cough, with a sound peculiar to themselves. The eyes become much inflamed, painful and unable to bear the light; attended with a copious secretion of humour both from them and the nose. The eruption generally begins to appear about the fourth day, sometimes accompanied by diarrhœa, which, in this disease, is not a favourable symptom.

The



The eruption first appears on the face, in the form of small red specks, resembling flea-bites, but do not rise above the surface of the skin; next they appear on the breast, and then on the upper and lower extremities; yet the febrile symptoms seldom subside at this period, as in the small-pox, except the vomiting. On the contrary, as the patient's strength diminishes the febrile symptoms often increase, the thirst becomes greater, the tongue foul and white.

About the ninth day from the first invasion, the red specks begin to disappear, and the cuticle peels off, which is replaced by a new one; yet we are not to consider the patient as out of danger, as many of the febrile symptoms continue much longer.

During the progress of this disease, the same regimen, recommended in the small-pox, should be strictly adhered to. And as it invades with evident symptoms of inflammation, and particular affection of the lungs,  
venæ-



venæsection should be performed; especially if the patient be plethoric; after which a gentle emetic will be necessary to evacuate the stomach and remove the abdomidal congestion. This, I think, is necessary in all eruptive fevers, and particularly in this, as the defluſion thrown up in the time of coughing, (in children eſpecially) is generally received into the ſtomach, where it accumulates and produces diarrhœa; which, as obſerved before, is an unfavourable indication. Laxative clyſters ought to be adminiſtered every ſecond day, to keep the belly open during the whole eruptive fever.

If the cough be troubleſome and the throat ſore, attended with difficulty of breathing, the pediluvium will be of ſervice in relieving the cheſt, and ſteams of hot vinegar received through a funnel into the lungs, will prove friendly thereto. In this caſe, I know pectorals are often employed, and have been greatly



greatly recommended ; for my own part, I think the most of them are very insignificant, especially the oils and syrups, which I consider as hurtful, as they clog the stomach, especially in children ; the mucilages are much better and may be more advantageously employed. An infusion of marsh-mallows, with sweet almonds, is often found serviceable in relieving the cough ; or, if it a dry hectic cough, the *Oxym. Scill.* may be used with advantage. Indeed, I consider the cough that accompanies the measles as an incipient phthisis, and if it continues any length of time, ought to be treated as such, viz. by small and frequent bleedings, gentle emetics, blisters, drinking of asses milk, and riding on horseback ; if a diarrhœa supervene, we should by no means attempt to stop it suddenly by opiates, but endeavour to carry it off by small doses of rhubarb and calomel. If the patient be weak and the pulse languid,

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So as to indicate the necessity of cordials, wine is by far the best and most proper; should a more powerful stimulus be necessary, the Vol. Alk. may be given. When the virulency of the disorder has subsided, we may give the Bark, joined with the vitriolic acid with propriety, and which may be continued for some time after the patient has recovered.



## SECTION XXXI.

*Of the Lues Venerea.*

**T**HIS is a disease, *sui generis*, which seems first to have originated among the Indians, in the American islands, and by the Spaniards imported into Europe; and in the year 1494, was introduced into this country. The morbid matter of the *Lues Venerea*, like that of the small-pox, seems first to have originated from the putrefaction, or fermentation of some part of the animal or vegetable kingdoms peculiar to that quarter of the globe in which this disease was first generated; yet it differs from most other contagious diseases, in that its morbid matter cannot be transmitted from place to place by the air, but must be brought in immediate contact with the person who receives it; in which case, it may be received in a variety of ways, either



either by coition, osculation, lactition, absorption, or may be handed down from parents to children.

My present intention is, only to consider this disease as existing in children, who either have received it from their parents, or nurses. And as it is of importance to know from what source it has been received, that we may conduct ourselves agreeable thereto in the method of cure, the subsequent indications must be carefully attended to: First, the time of its appearance; and, secondly, the parts in which it first appears.

If the child has received the infection from its parents, and suckles its mother, whose system is contaminated, the disease will appear in the child in ten or fourteen days; and, indeed, if not speedily removed from suckling the breast of the infected mother, it will inevitably die before a cure can be perfected; whereas, if the child suckles the breast of a nurse who is young  
and



and in perfect health, the salubrious milk will have a tendency to correct the acrimony of the variolous matter, and prevent it from appearing so soon in the system; for which cause, young practitioners may be puzzled to know from what source the infection has originated, whether from the nurse or child. In this case, we must carefully examine in what part of the child the disease first appeared; and if, on examination, we find that it made its first appearance about the genitals and anus of the child, and next on the head and throat, we may safely conclude that the disease sprung from the parents. On the contrary, if we find that the exulcerations first began in the child's mouth and throat, attended with a sudden change of voice, and afterwards spread over the body, we may conclude that the nurse was primarily affected; especially, if on examination, there are any vestiges of the disease found about her genitals.

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In this case, the child should be instantly removed, for it will be impossible to cure it while its nourishment continues to be extracted from a contaminated source. For suppose we were to attempt curing both nurse and child, by giving mercurials to the nurse, we should be so tedious in effecting a cure by this means, that I am afraid the child would die before we could complete it; as in this case, the child is only affected by the mercurial atmosphere that is constantly issuing from the body of the nurse, during the time she is taking this medicine, and not by any specific quality communicated to the milk by the participation of the mercury. For though a woman was under a course of spitting, her milk would not in the least participate of the mercurial qualities, as is evident from its not affecting silver or gold; yet a child will be cured of this disease in time, by mercury being administered to its nurse: the cure then must



must be effected by the action of the mercurial atmosphere upon the child, and not by any quality inherent in the milk. However, as this method is both tedious and uncertain, mercurials should be administered to the child, either externally or internally; if the external mode is preferred, a small quantity of the unguent. mercur. may be rubbed on the soles of the child's feet every night; but this mode is attended with this inconveniency; that if the nurse be ignorant of the nature of the disease, and we should wish her to remain so, the using this ointment will create suspicion in her, as all those kind of women are now pretty well acquainted with its nature and use. To obviate this inconveniency, the following powder may be administered every night.

**R** Mer. Dulc. p. p. gr. j.

Sacch. Alb. ʒj. m. f. Pul.

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This



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This powder may be given in a tea-spoonful of breast milk every night for a few weeks, observing at the same time, to keep the child's belly open, by small doses of the *Tinct. Rhei*. Or, should the *Mer. Coros. Sublim.* be preferred, it may be given in the following form.

℞ *Mer. Cor. Sub.* gr. x.

*Aq. Ros.* ℥j.

*Sal. Ammon.* gr. xij. solv.

Of this solution, two drops may be given every night, which will remove the cutaneous eruption, sooner than any other preparation of mercury. However, we should continue its use for some weeks after the symptoms have disappeared, as all saline preparations of mercury are uncertain in their operations; and I have known the symptoms to have returned again, after they had disappeared, where the use of the mercury had not been continued long enough.

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I have intentionally avoided entering into a full investigation of this disease, further than relates to children, as it would not only be foreign to my present purpose, but altogether unnecessary; as it has been treated at large by many authors, so far as relates to adults; yet none of them have scarcely touched on it as existing in children, or have taken notice of the characteristics whereby we might distinguish from what source the disease in them might have arisen.



## SECTION XXXII.

*On the Qualifications of an Accoucheur.*

**T**HE science of midwifery is one of the most noble studies that ever engaged the attention of the mind; as it has for its object the conservation of the most amiable part of the creation, more particularly at a period when every generous feeling demand the utmost exertions of both our mental and manual powers. And indeed, there is no branch of science that requires a greater profundity of both natural and acquired abilities, than this noble art. For although the operative part of midwifery may be sometimes practised by the most illiterate and injudicious, yet it must be granted, that cases often occur that require the utmost exertion of the most sagacious, to rescue, from impending danger, the disconsolate mother



mother and helpless child. The other branches of surgery are comparatively mechanical, and only require a resolute and composed mind, a discerning eye, and a steady hand, to constitute a good operator; having always in view the subject on which the operation is to be performed, consequently there can be but little room for the display of genius. But in the practice of midwifery it is otherways, as the subject of our operations is beyond the reach of our eyes, and therefore must be directed by another sense; besides, cases occur that require the nicest discernment, to discriminate when nature demands our assistance, and how to afford her our aid, so as not to counteract her operations. This can never be effected without an anatomical knowledge of the organs of generation, the structure of the *Pelvis*, the proportions the different parts bear to each other, as well as to the *Fætus* that is to pass therethrough: with-



out this knowledge, we can never distinguish when nature requires our assistance, or how to co-operate with her when she stands in need of our aid. A sailor, ignorant of navigation, may with the same propriety undertake the command of a vessel that is destined to cruize along shore, in hopes of never being blown beyond sight of land, as a person to engage in the practice of midwifery, without a knowledge of anatomy, in hopes that nature will always effect the delivery without assistance. Cases often occur, wherein it is not only necessary to assist nature, but also to counteract her operations with magnanimity and fortitude, in order to save the lives of both mother and child. In such cases it is, that the man of real knowledge in his profession, may soon be distinguished from the superficial practitioner: the one will proceed with serenity of countenance, and composure of mind, seeing his way clearly; the other

confused



confused as a traveller bewildered, not knowing how to direct his course. Nor is this the only qualification necessary for an *Accoucheur*; surgery should also be understood by him. There are many accidents that require immediate assistance, in order to save the life of the patient; which, should he be ignorant of the mode of remedying, death may ensue before other aid can be obtained; and surely no practitioner could ever be able to support the disquietude of mind that must arise in his breast, conscious that the life of his patient fell a sacrifice to his ignorance. But beside the knowledge of anatomy and surgery so essential, that of diseases and medicine is of no less importance. Cases often occur that require the nicest discernment, and the most speedy application, to obviate the symptoms, and to save the life of the patient; when her modesty may be such, as will prevent her from seeking relief from any other than that of her *Accoucheur*, being  
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the person in whom she wishes more particularly to confide; and should he be unacquainted with diseases, and the *methodus medendi*, so as to oblige her to have recourse to another, he will naturally fall in her esteem, and loose her confidence as well as friendship. However, though no person can be said to be an adept in the noble art of midwifery, while he remains ignorant of anatomy, phyfic, and furgery; yet he may possess a tolerable knowledge of them all, and be destitute of those moral qualifications which are the ornaments of this profession, of which sympathy is the first.

Sympathy is that affection of the mind, whereby we are led to participate of the joys and sufferings of our fellow creatures, and thereby disposed to lend a helping hand to promote their speedy deliverance. When an *Accoucheur* is known to possess that sympathy of soul, which SHAKESPEARE so emphatically stiles the milk of human kindness, he



he engages the affection and confidence of his patient, who waits his approach, as that of her guardian angel, who comes to administer speedy relief. With cheerfulness she resigns herself to his care, having confidence in his friendship, as well as abilities; his very presence will tend to quicken her pains, and promote a safe and speedy deliverance. Whereas, if he be known to be of a haughty and austere disposition, and an unfeeling heart, his patient will dread his approach, as one who comes to pronounce her doom; his presence will procrastinate her labour, and his deportment retard her deliverance; for every one who is the least acquainted with the practice of midwifery, must know what a powerful influence the passions of the mind have over labour-pains. What a satisfaction then must it be for a woman who has a person she can confide in to attend her.

Patience



Patience is another qualification highly necessary to be possessed of. Every practitioner will meet with many things which will tend to ruffle his temper and disquiet his mind, and thereby render him unfit for the discharge of his duty; his knowledge called in question, and his practice censured even in his presence, either by his patient, or her attendants. Yet he should not suffer this to affect him, or prevent him from proceeding with equanimity and fortitude, in the discharge of his duty, but rather pass it over in silent pity of their ignorance, than suffer his passion to correct their indiscretion.

Secrecy and honour are of no less importance than sympathy and patience. Every man in the course of his practice, will naturally be entrusted with secrets, which his patient would religiously wish to conceal from the world, in which case the most inviolable secrecy should be observed; as by communicating



nicating it to others, we not only betray the confidence reposed in us, but also lead them to form an indifferent opinion of our integrity, which must at last affect our ruin.

Sobriety and temperance, are also essential to the character of an *Accoucheur*, as incidents happen, where the nicest discrimination is not only required to save the life of the patient, but also a dexterity of hand, more easily conceived than acquired. Under such circumstances, should an accident happen, owing to ebriety, whereby the patient would sustain an irreparable injury, an indelible stain would be thereby justly impressed on his character, which time itself would never erase. Nor would any woman in future, trust her life to the care of one, whom she knew suffered the fumes of intemperance to eclipse his understanding; in short, there is no character that requires a stricter conformity to the cardinal virtues, than



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than that of an *Accoucheur*: He should be affable without meanness, grave without formality, and cheerful without levity; never harbouring the slightest idea in his breast, against the honour of his patient, nor suffer any thing in his deportment to summon a blush to her cheek.

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Moore, William

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